MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERT

T	FI	CA	TE	OF	DF.	ATH

	Reg. Dist, No.
1. PLACE OF WEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resignee of mother)
County 1	State Maryland County Madeinolace
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long to above place of death? 54 days	(if or fown
Hospital, Institution of sheet address where death postpret	15 th Markovia
attelie Haspelal	(If rural, give LOCATIAN)
How long in hospital or institution? 54 days	2.(a) If veteran, name war. None
3. (a) FULL NAME	
S.(a) POLL NAME	3. (b) Social Security Number
felle gegua le	214-09-0483
4. Sex 5. Color or race 6.(a) Signer, married, widowed, or divorced	MEDICAL CERTIFICATION
Louisla 11kite 11/2 sured	151. 21 118 1150
Transition of the same of	2D. DATE OF DEATH 19 40 at 4 2
6.(b) Name of husband or wife Slotge Cleaned	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
a AA II allowater as	A/LL 30 1947 10 7 LL 22 1941
7. Birth date of	and that I last saw h. ex alive on Feb. 22 19.48
deceased (mo., day, yr.) larch 3 1876	Immediate cause of dorth DURATION
8. AGE: Years   Months   Days   If tess than one day	Osperatore Savere
- 12 // /9hrsmin.	The state of the s
Manufactor eller med.	OBS AND STATE OF THE STATE OF T
8. Birthplace Held (Town, country, pd state)	Due to spelled alluna 15-20
10. Usual occupation. Joseph Williams	O Casar de compensation?
	Due to Q & Myper Cent 129.
11. Industry or business In Home	Carelorbasewas Stonesse.
12. Name JE Hous Dulla	Other conditions Terminal browners premusous
12. Name S. E. Janes Bulle.	Duestion of mediastinal mass?
THE RESIDENCE AND ADDRESS OF THE PERSON OF T	(Include regnancy within 8 months of death)
14. malden name.	Major findings of operations
15. Birthplace Fayetteville Pa.	Date of op.
18 totormant Mrs. John F. Lewis	
š	Autopsy results
Address Hagerstown Md.	
Burial Date thereof 2/24/48	22. VIOLENCE: It death was due to externat causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funerat director Andrew K. Coffman	Means of Injury Injured at work?
	AH mall + mall
Address Hagerstown Jd.	23. SIGNATUR SIQUEAUM-Chrisiglow///
19. Fac. 24. 19 48 Choff Tengusou (Date rec'd by registrar) Registrar	Addres Fletile Harpital Date signed 1/22/48
(part tot a a) contact	Manies Transfer and Transfer an

RECEIVED

MAR 1 1948

BUREAU V. S.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

Freet age

# WRITE PLAINLY, is especially PUBASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### Dr. Yeager

#### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington City or town Hagarstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 235 South Locust St. (If rural, give LOCATION)  2.(a) If veteran, name war NORE
3.(a) FULL NAME CHARLES BENJAMIN ARTHUR	3. (b) Social Security Number 219-05-2053
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH. February 9, 1948 10:15
8. (b) Name of husband or wife Frances Viola  8. (c) If alive, give age 77 years  7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day  76 9 13	21. I CERTIFY that death occurred on the date above stated: that Lattendard disceased from  197  and that I last saw how alive on the form that I last saw how alive on the form that I last saw of death  DURATION  DURATION
S. Birthplace	Due to Cicle vocale voc
13. Birthptace Thurmont Md.  He was a second of the second	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Md.  17. Burial Date thereof 2/13/48  (Burial, cremation, or removal, Which?) (month) (day) (year)  Commetery or crematory Rose Hill Cemetery  Location Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  19. Feb. (	Means of Injury  Injured at work?  23. SIGNATURE HOVAR SYCHAR  M. D.  Address Hogerslowe M.B.  Date signed 2-10-48



A15

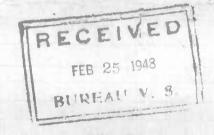
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1121118 304

1. PLACE OF DI	EATH: ashington		(For newborn infants give residence of mother)		
City or town(16	ancock	nits, write RURAL and give nearest town)	State Maryland County Washington  Hancock  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)		
How long in hospital	or institution?		2.(a) If voteran, name war		
3. (a) FULL NAM	ME	s Henry Baker		3. (b) Social Security Number	
4. Sex Male	5. Color or race Negro	6.(a)Singlo, married, widowed, or divorced Married		ERTIFICATION 19 48 4:45a	
	June	tie P. Baker  5.(c) If allve, give age years 18, 1875	21. I CERTIFY that death occurred on the dato abo	ore stated; that I aftended decessed from	
9. Birthplace	Martinsbu	Daye If less than one day 29 hrs. min. rg W. Va. county, and atate) Orer	Due to. hand M	sphitio	
13. Birthplace  14. Maiden nam  15. Birthplace  16. InformantM.T.	Unknown Anna G Marti	nsburg, W. Va.	Other conditions  (Include pregnancy within 3:  Major findings of operations	Date of op.	
17. Buri (Burial, erematic	on, or removal. Which? atory	Date thereof Feb 2 2, 1948 (month) (day) (year)  lawn Cemetery  Md.  Rowland	Injured at home, farm, industry, public place (w	(County) (State) where?) Injured at work?  Thaffer M.D.	
19. (Date rec'd by	registrar)	Mr TElles Registra	Hancack.	M. D. or other  Date signed 22/20/45	



RITE

S

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

#### CERTIFICATE OF DEATH

	02019	
og. Dist.	No. 302	W W

CERTIFI	CALE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	State Md. County Wash.  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 802 W. Franklin St.
3. (a) FULL NAME Sheila Teresa Ber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Temale white	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Feb. 11 19 48 at 6:58pm
5.(b) Name of husband or wife	and that f last saw h. e. f. alive on F. L. 19 V. 19  Immediate cause of death OURATION  Malnutrites
9. Birthplace	Due to Standard acoccus albus  eta ts.v.t.i  Dither conditions.  (Include pregnancy within 3 months of death)
Herbert L. Bent  Address Hagerstown, Md.  17. burial Date thereof 2-13-48  (Burial, cremation, or removal, Which?) (month) (day) (yee Rest Haven Cemetery  Location Hagerstown, Md.	Where did injury occur?
18. Funeral director Scott F. Minnich & Son  Address Hagerstown, Md.  19. Feb., 12, 19 48 Bless/Historian	Meens of Injury  Injured at work?  23. SIGNATURE ELLE LESS A. M. D. or other  M. D. or other  Address 2. 4 N. Botanac St. Date eigned 2. 72-3



. 2

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

9300

11211211 No. 304 Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County WashingTDN	(For newborn infants give residence of mother)
City or town	state Maryland county Washington
	City or town Rural - Hancock
How long to above place of death? 37 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rursi, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Millard Fillmore 13.5% o	P 212-14-6046
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION ,
Male White Widowed	101/17 48 10 CCC
	2D. DATE OF DEATH
B.(b) Name of hosband wife Annie Belle Munson	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	- 15 17 4 J 19 10 TV 17 69 18 5
7. Birth dato of San	and that I last saw h 122 alive on Feb 17 197-9
deceased (mo., day, yr.) Sept. 4 1818	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	A series of dealers of the series of the ser
69 5 13hrsnsin.	folkland new orthog
9. Birthplace	Due to.
1D. Usual occupation. Tet, red	Due to
11. Industry or business	
E 12 Name George A Bishop	Au au
	Other conditions
\$ 13. Birthplace PENNSYlvania	(Include pregnancy within 3 months of death)
14. Maiden name Rebeeca Welsh  15. Birthplace Pennsylvania	*
15. Birthplace PENNSYLVANIZ	Major findings of operations.
and.	Date of op.
16. Informant Mr. J. F. I Srooks	Antopsy results.
Address Routett, Hancock, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Burial, cremation, or removal. Which?)  Date thereof. +cb. 21 )448  (month) (day) (year)	Accident, suicide, or homicide
30 + 61' - + 15 - 1 -+ 6'	Where did Injury occur?
	Where did injury occur?
Location Soute 40 - West - Hancock	tnjured at home, farm, Industry, public place (where?)
	Meens of injury Injured at work?
18. Funeral director Charles R. 1325T	Ma. 1/ 1/ 8
Address Hancock Md.	L'MShalper MX
m/21/119 (1.1. 45 00) i	23. SIGNATURE M. D. or other
19. 72/48 19 /41 8 8 8 8 8 8 8 8	Address / lou Co C/ Sud, Date signed 2/20/48
(Date rec'd by registrar) Registrar	Address Date signed

RECEIVED

FEB 25 1948

BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

17	9	1	è	2	
'	ho	8	7	N	1

#### HIM No. G 1 1 4 FEB 19 1948 CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county. Washington				Slate Maryland couch Washington			
City or town					City or town Hagers.town		
How long in above place Hospital, Institution, or	of death?	death occurred	an I nour	Street No. 376 Cleveland			
145 Al	exander	St.		Street No		MLL	
How long in hospital or	Institution?		***************************************	2.(a) ti veteran, name war			
3. (a) FULL NAMI	E				3. (b) Social Security		
Wilbu	ir Rosco	e Bish	юр		NONE	=	
4. Ssx	5. Color or racs	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	White	Di	vorced	20, DATE OF DEATH 10 Februat	ry 19.48	12:15	
	037-14	ife N	low Anna Jacks	2f. I CERTIFY that death occurred on the dats abo	ve stated; that I attended dec	eased nom PM	
8.(6) Name of husband	or wite	ندو، جا طاط	30	on 10 Feb. 194	8,10	19	
7. Birth date of	Tune	180	c) If alive, give age39yea	and that I last saw hi.Malive on 10. E			
deceased (mo., day, y	June 1	1 Days	If less than one day	Immediate cause of death Pulmonar		1	
61 5	7 8	0	hrsm	in.			
		D-		03: 6-: 7			
			state)	DUG TO See Australia, Selfs, alex, Links Park alex, distribution collect bull a feet	***************************************		
10. Usual occupation	labo	rer		Due to Arterioscleroti	c heart		
11. Industry or busines	s			disease			
至 12. Name	Mr. Bish	opqo	***************************************	Diher conditions		***************************************	
13. Birthplace	Wear Han	cock,	Md.	(Include pregnancy within 3 n	nonthe of douth)		
14. Maiden name.	Anna Mi	ller		Major fiadings of operations. No ope	ration		
I lead 3	Bedford			Major hadrugs of operations.	Dale of op		
			mer	Not done			
	5 Alexan			PHYSICIAN: Please underline the cause to wh	sich death should be charge	d statistically.	
11	. //			22. VIOLENCE: If death was due to external cau			
(Burial, cremation	, or removal. Which	Oate then	(month) (day) (rear)	Accident, suicide, or homicide			
Cemetery or <del>cremate</del>	1200	nsbo	20 Clemeller	Where did injury occur?			
Location 5	oousbo	ro.	md	Injured at homo, farm, industry, public place (w		******************	
18. Funeral director	(11.7.	Mar	ment	Maans of injury	injured at work?		
Address	asessi	run	- md.	ROLLY	Kadle		
To O	1/2	7 65	a phonouser	23. SIUNATURE	M. D	), or other	
19. (Date rec'd by re	egistrar)		Registr	rar Address 132 W. Wach	ST, Date signer	2-10-49	



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()2(122 Rog. Dist. No. 302

How long in above place Hospital, Institution, or	erstown erstown utside eity or town of death? street address where prospec Institution?	imits, write if e Redden death occurrent Stre	l:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
					None	
Female	White		e, married, widowed, or divorced	MEDICAL C 20. DATE DF DEATHFebruary	ertification  1, 1948 19 10:	45 P.
	None	6.(	Bonebrake  c) If alive, give ageyears  10, 1885	21. I CERTIFY that death occurred on the date ab  19. and that t last saw attive on	1-26-4F	4 <b>F</b> 19
8. AGE: Years	Months	Days 22	tt less than one day	Immediate cause of death		DURATION
1D. Usual occupation  11. Industry or business  12. Name	Home		ty, Md.	Due to	er Sin	
~				(Include pregnancy within 3		
16. Informant			ake Street- Hagers	Antupsy results	hich death should be charged s	tatistically.
17. Buria (Burial, cremation,	or removal. Which?	Date ther	Feb. 4, 1948 (month) (day) (year) Cemetery	Accident, suicide, or homicide	Date of	
			n. Md.	Whera did injury occur?(City or town) Injured at home, farm, industry, public place (w		(State)
		V. Kra	iss	Means of injury	Injured at work?	
19. Jeb.	4 1948 istrar)		leas Mower 8/ Registrar	Address Zeestin	M. D. o	To sep



	1	Mode
6 -11	4	
10000	-	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ore	50	Q
		1

02023

#### CERTIFICATE OF DEATH

		30-
log.	Diat.	No.

1. PLACE OF DEATH: WASHING TON	(For newborn infants give residence of mother)
HAP EPCTOLIA	State Md. County WASHINGTON
(If outside city or town limits, write RURAL and give nearest town)	HAGEDETALIA
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, tostitution, or extreet address where death occurred:	Street No. 42 N. MULBERRY OF
47 N MULBERRY 4T,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
11/RS. 11/ARY COOK.	BOWERS
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fim. White Willow	20. DATE OF DEATH Pob 4 19 48 21 4 20 PM
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	1944 30 TH 18
T. Birth date of	and that t last saw h 9 allve on T 9 3 3
deceased (mo., day, yr.) 17pr. 10, 1866	Immediate cause of death
8. AGE: Years   Months Days   tf less than one day	Caroundator 340
81 8 24min.	
FRANKLIN CO. PA.	Duo to Prisus Corcussing
9. Birthplace	D. PA Married 4-16.
10. Usual occupation. HOUSE REEPER	Manna
	Due to.
11. Industry or business	
量 12. Name	Other conditions
13. Birthplace TRANKLI N CO. 1A.	(Include pregrang) within months of death)
14. Maiden name ELIZABETH HELSER	1 ft/11 m - Nelly
15. Birthplace WASHINGTON Co., Md.	Major fiadings of operations
MAN P P Plan CO	Date of op.
18. informant	Autopsy results
Address MERCERSBURG, FENNA.	
BURIAL Date thereof 2/7/48	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cremation, or rangeal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory LALON CEMIA,	Where did injury occur?
Location Franklin Co., Mercursburg, B. R.3	tnjured at home, farm, Industry, public place (where?)
18. Funeral director TM. Juninger	Means of Injury Injured at work?
Address Mureersburg of a.	W. Howard George
19. Feb. 4. 1948 Chasthlowers	23. SIGNATURE. M. D. or other  M. D. or other
(Date rec'd by registrar) Registrar	Address ! Ogether   Date signed   Date signe



MARGIN RESERVED FOR BINDING

import

especially

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Washington Rural - Hage stown, Md. R D State Maryland county Washington (If outside city or town limits, write RURAL and give nearest town) Rural Hagers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: Leitersburg Pike Leitersburg Pike How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number Keller C. Bowman None 5. Cotor or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION Married Male White Feby. 16, 1948 6:50 A. 8.(b) Name of husband or wite Alta M. Bowman . 6.(c) it alive, give age ..... 7. Birth date of July 12, 1890 deceased (mo., day, yr.) Months 8. AGE: Years It less than one day Franklin County, Pa. (Town, county, and state) Farming 10. Usual occupation. 11. industry or business 12. Name David Bowman 13. Birtholace Washington County, Md. (Include pregnancy within 3 months of death) 14. Maiden name Maria Lowman Major findings of operations ..... 15. Birthplace Washington County, Md. Mrs. Alta M. Bowman 16. Informant... PHYSICIAN: Please nuderline the cause to which death shuntd be charged statistically. Hagerstown, Md. R D 5 Feb. 18, 19482. VIOLENCE: it death was due to external causes, till in the tollowing: Date thereot ..... Accident, suicide, or homicide.....

Burial
(Burial, cremation, or removal. Which?) (month) (day) (year) Cometery or crematory Lutheran Cemetery Leitersburg, Md.

Fred W. Kraiss 18. Funeral director.

Hagerstown. Md.

injured at home, tarm, industry, public place (where?) .

Where did injury occur? ....

Means of injury

(City or town)

(County)

injured at work?



FEB 20 1948

QUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEA'SE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

920

County	(For newborn infants give residence of mother)  State. Maryland Couchy. Washington  City or town. Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  Street No. 909 Hamilton Blvd.  (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Mary E. Brewer	NONE	
Female White Widow	MEDICAL CERTIFICATION  7.6.5 — 1948, 2:A	
6.(b) Name of husband or wife Edward Brewer  6.(c) If alive, give age years  7. Birth date of decessed (mo., day, yr.)  November 26, 1862	21. I CERTIFY that death occurred on the date above stated; that Latt ded deceased from  19.48.  and the Vilast saw h	
8. AGE: Years   Months   Days   It less than one day	Chronic Indo Cardific	
85 2 10hrsmin.	arterio-sacroscie.	
9. Birthplace Four Lock, Maryland (Town, county, and atate)  10. Usual occupation. Housework  11. Industry or business  12. Name Louis Fernsner  13. Birthplace Not Known	Due to	
14. Malden name. Martha Silver 15. Birthplace Virginia	(Include pregnancy within 3 months of death)  Major findings of operations	
18. Informant Wayne Fernsner  Address Hagerstown Maryland	Antopsy results	
Burial Date thereof 2-7-48  (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Paul Cemetery  Location Western Pike, Maryland  18. Funeral director C. M. Suter & Sons  Address Hagerstown, Maryland  19. 7 6-473 19 6-473 Parket	22. VIOLENCE: If death was due to external causes. All in the following:  Accident, Smile Dale of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Misans of Injury thijured af work?  23. SIGNATURE  Address  Date signed  1.448	

See letter under Dr. Miller stating that no injury was in volved, dated april 1,1948. as. 4/6/44

RECEIVED

MAR 3 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Washington County. Washington Cily or lown. Rural R.F.D.i. Williamsport MD. Cily or lown. Rural R.F.D.i. Williamsport MD. How long in above place of death? How long in above place of death? How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County  Washington  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If reteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William George Brillhart	None.
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 2/14/8 19
6.(b) Name of husband or wife Iva M Brillhart 6.(c) Halive, give age 32 years 7. Birth date of Month & day unknown 1874Yr	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from  19
deceased (mo., way, ye.)	Immediate cause of Jeath DURATION
8. AGE: Years Months Days tf less than one day	youry saluson today
9. Birthplace Williamsport Washington MD.  (Town, county, and state)  10. Usual occupation Farmer.  11. Industry or business  12. Name WilliamsportM.D.	Due fo
Sarah Jane Potts .  14. Malden name Williamsport M.D.	Major findings of operations
16. Informant Mrs. Iva Brillhart Address Williamsport R.F.D. I.	Autopsy results
17. Burial Date thereof F.C.D. IS T. Pauls Observed Burial, cremation, or removal, Which?)  Cemetery of greenatory ST. Pauls .US. 40	Accident, suicide, or homicide
VD.40 Near Cleananning MD	Injured at home, farm, Industry, public place (where?)
Edith V Leaf	Means of Injury Injured at work?
Address Williamsport MD.	A. L. Asama
19. 2/17 19.48 Mrs. E. Lee M. E. Chory (Date rec'd by registrar)  Registrar	Address reliansport lug- Date 1876 / 6/46

MARGIN RESERVED FOR BINDING

S



Evidence for change of age

1. PLACE OF DEATH:

county Washington.

9 1948

	on
	ormati
	inf
NDING	(TE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cleans expecially important.
M	ry
O.K	rite
	ply
CVE	Sup
ESE	INK.
N N	ING
RG	AD
MA	UNF ant.
(1) MARGIN RESERVED FOR BINDIN	WITH
	LY, ally
	AIN
2	PL
3 A15 9-45-15M	LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cle
A15	SASE
70	T

City or town Williams port (If outside city or town limits, write RURAL and give nearest town) City or town Williamsport (If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: Street No. ..... 14 West Salisbury St, 14 nWest Salisbury St. How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Annie Mary Byers None 6.(a) Single, married, widowed, or divorced MEDICAL GERTIFICATION Female White Widowed 20. DATE DE DEATH 6.(b) Name of husband or wife Simon Byers Deceased deceased (mo., day, yr.) March 18, 1885 It less than one day 8. AGE: 10 62 68 9. Birthplace Williams port, Washington, Marylan (Town, county, and state) Housewife 10 Usual occupation.... At Home 11. Industry or business 12 Name John Hawbaker Wilson, Maryland . (Include pregnancy within 3 months of death) 14. Maiden name Sarah Van Dray Major findious of operations..... Wilson , Maryland. 16. Informant Mrs. Clyde Miller PHYSICIAN: Please underline the cause to which death should he charged statistically Addres 14 W. Salisbury St., Williamsport 22. VIOLENCE: It death was due to external causes, till in the following Accident, suicide, or homicide..... Cemetery or cremaiory Riverview Cemetery. Where did Injury occur? ...... (City or town) Location Williamsport, Maryland. Injured at home, farm, Industry, public place (where?) ..... Mrs. Edith V. Leaf Address Williamsport, Maryland. 23. SIGNATUR 19. 48 Mrs & Tre M.

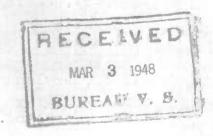
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

state Maryland county Washington

(For newborn infants give residence of mother)



# WITH UNFADING INK. Supply every item of information carefully. Ine correct age important. Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN PLAINLY, V

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

830 (12125) Reg. Diat. No. 203

Dale signed .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Hashinglan	State & a County Franklain
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Fray etterile # I
How long in hospital or Institution? 5 whs	(If Fursi, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Herain L. Cash	augh
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while wednoed	20. DATE OF DEATH Feb 20 1945 21 6-6.
8.(b) Name of husband or wife Else Figure	21. I CERTISY that death occurred on the date above stated; that I affended deceased from
E (c) If all the give are	Feb. 1 19 48 10 Feb- 20- 1948
7. Birth date of	and that I last saw h. and alive on File. 9. 48
8. AGE: Years   Monfhs   Days   It less than one day	Immediate cause of death
59 5 12 hrs	( ) 1 0 5 mm
Frank Hr. Pi	
9. Birthplace J. Augustina (Gown, county, and state)	Due to.
10. Usual occupation Beacher La	Que to Certifico Selvores - 2 nos
11. Industry or business	
12. Name Albert Castaugh 13. Birthplace Fayesterstle # I Pa	Dther conditions
13. Birthplace Fragesterille # I la	(Include pregnancy within 3 months of death)
E 14. Malden name Nancy Strang	
15. Birthplace Fryetterette #7 fa	Major findings of operations
16. Informany Mrs 7+ energy Carl	Aptopsy results.
Address Hilliambert md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Strange Base yard	Where did injury occur?
Location Faggetterritle #J Pa	injured at home, farm, industry, public place (where?)
18. Funeral director Weller I Grant	Means of Injury Injured at work?
200 10 11 11 11/2000 1 2	
Address 211. Spende the Wayne core, a	23. SIGN TURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Welliam form M Baje signed 2/20/48

RECEIVED

MAR 3 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

## VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(12(121) Reg. Dist. No. 302

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)	
county. Washing ton					StateWest Virginia county Berkley	
City or town Ragers town limits, write RURAL and give nearest town)			iraits, write R	UKAL and give nearest town)		
How long in above place of death? Lo months			mont	ns	City or town Tinsburg. (If outside city or town limits, write RURAL and give nearest town	
Hospliai, Insti-	tuilon, cr ei	ireei addrees where	death occurred	l:	Street No. 407 Faulkner Ave.	
					(If rural, give LOCATION)	V
How long in hospital or institution?					2.(a) If veleran, name war	
3. (a) FUL	L NAME	NETI	and the same	NNELL CLARK	3. (b) Social Security Number	r
4. Sex		5. Color or race	6.(a)\$ingl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fema	ale	White	W	idowed	20, DATE OF DEATH February 21 1948 20.2	4.0.7.DH
8.(b) Hama of	husband or	wife. John	Willi	am Clark	February 13 19.48 todate of de	
7. Birth date o		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		c) tf alive, give age	years and that I last aaw h. C.Tailve on February 20	
	of mo., day, yr.)	Nove	mber	21, 1860	Immediate cause at death Pneumonia Lovar (5)	URATION
8. AGE:	Yeare	Montha	Days	If less than one day	(aff laux) Renal failure Hall's	dane
	87	3	0	hrs.		
a Burney	Whi	tehall	Vira	inia	Due to Arteriosclerotic heart	
				inia	disease	2
10. Usual occupation housewife			`e		Due 10	
11. Industry or business home			2			
旨 12. Name	Jo	hn Finn	ell	4	Other conditions	100000000000000000000000000000000000000
12. Name		Flint F				
				e	(Include pregnancy within 8 months of death)	1-1-1-
14. Mald 15. Birth	en name				Major Badiags of operations	
				Va.	Date of op	
18. Informant Sgt. H. A. Albebado			Alb	epado	Autopsy results. None.  PHYSICIAN: Please underline the cause to which death should be charged statistic.	ally
Address Quantico, Va.					PHYSICIAN: Please underline the cause to which death should be charged statistic	
17. removal (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)				eol Teb 2 1, 191	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	100000000000000000000000000000000000000
					Where did injury occur?	)
Cometery or cremaiory				man and		100000000000000000000000000000000000000
Martinsburg, W. Va.					taluead at work?	
18. Funeral director Scott F. Minnich & Son			-			
Address Hagerstown, Md.			town,	Md.	- 6 converse Kolust 7.16 adles	
19 Feb. 24, 1948 Chast Bowers			hh	east Bowe	23. SIGNATURE M. D. M. D. a. Strar Addrage 132 W. Work St. Date signed 2	21-15
(Date rea'd by registrar) Registrar			0	Regis	strar Addrage 32 U . UCB . Dale signed	×110.

RECEIVED

FEB 24 1948

BUREAU V. S.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(12(131) Reg. Dist. No. 306

8300

City or town (If outside bity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County  City or town (1f outside city or town limits, write RURAL and give nearest town)  Sireet No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Silas. Watter. Cline	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced  Male Shirte Midauel	MEDICAL CERTIFICATION  20. DATE OF BEATH 7.26 / 3 1945 A
8.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date chove stated; that I eltended deceased from  19.4 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
8. AGE: Years Months Days If less than one day 7 1.4hrsmin.	Immediate cause of death BURATION Cerebraf Han orthage y days
8. Birthplace Near Covertown and (Town, egenty, and state)  10. Usual occupation Sucher  11. Industry or business  12. Name Jahn Lafring  13. Birthplace Near Suringhyburg and	Bue to Literate - S. Cleros - Types  Due to Conditions
14. Malden name Surie Assayana  15. Birthplace Poudswife und  16. Informant Pabest Vh. Toline  Address leavetown und	(Incinde pregnancy within 3 months of denth)  Major findings of operations
17 Burial Date thereof 1 - 16 - 1948 (Burial, cremation, or romore) Which?) Cemetery or erematery Leavestown us Location	Where did injury occur?
Address Smithisburg sul  19. The 13 1978 Geo. If Inquery  Chate rec'd by registrary	Means of Injury Injured at work?  23. SIGHATURE

FEB 23 1948
BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

920

02031

1303

#### CERTIFICATE OF DEATH

	Reg. Ditt. 10.
1. PLACE OF DEATH:  County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdance of mother)
County	State Maryland counWashington  City or town City or town limits, write RURAL and give nearest town)
Williamsport Road	Street No. Williamsport Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  CHARLES E. COWTO	N 3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH Feby. 12. 19.2:15 A. M.
6.(6) Name of husband or wife Anna A.  5.(c) If alive, give age years  7. Birth date of March 26, 1868	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19.45 to 7.19.45.  and that I last saw harmanilize on 7.19.48.
accesses (most gal, )	Immediate egose of death
8. AGE: Years Months 17 lifless than one day 17 lifless than one daymin.	with aute Cardiac
9. Birthplace Washington County, Md. (Town, county, and state)	Due to. Failure
10. Usual occupation. Farmer	Due to Certerio Sclerosis
11. industry or business  12. Nama Denton Cowton	
	Other conditions
13. Birthplace Washington County, Md.  14. Maiden name Margaret  15. Birthplace Washington County, Md.  16. Informant Jacob Ankeney,	(Include pregnancy within 3 months of death)
We also and a Carreta Ma	Major findings of operations
El 15. Birthplace Wa Salling ton County, Md.	Date of op.
Oloom Chaine Md	Actopsy results
Address Clear Spring, Md.  17. Burial (Burial, cremation, or removal, Whichi)  Bate thereof. Feb. 14, 194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Clear Spring, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Snyder-Rowland Funeral Home	Means of Injury Injured at work?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

Clear Springk Md:



# WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

PLEASE WRITE PLAINLY, is especially

A15 SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county. Washington	0 0
City or town	State Maruland county Chashington
(If outside city or town lights, write RURAL and give nearest town)	City or town
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred	Street No. Fairplay md
Fairblay md.	(If rural, give LOCATION)
	2.(a) If veleran, name war World War one
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
7	
James W. War	none
4. Sex 5. Color or (ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
man lunder man in	14/11/11/2 430 A
Male White married	20. DATE OF DEATH. 217,30 A-1
6, (b) Name of husband or wife Mrs. Real Davis	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jen 2-46 19 10 th 16-45
7. Birth date of CARA 1 C/CA	and that I last saw has alive on
	Immediate cause of death
o. Aul:	
58 4 22hrsmin.	admining 1 T3 16 mg
0 0 11 10 0 1001	
9. Birthplace Ofunavalle Wash Co. md. (Town, county, and gtate)	Oue to
10. Usual occupation Retried School Bus Upnater	Due to
15 Industry or business	000 10
# 12. Name Comelionis Dans	Other conditions
\$ 13. Birthplace Dorinisville Urash Co. md.	
41	(Include pregnancy within 8 months of death)
14. Maiden name Rate Shaus	Major findings of operations
\$ 15. Birtholace Docume cally Wash. Co. md.	Date of op.
0	
16. Informant Mrs. Pearl Davis	Autopsy results
Address Fairhland md	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Kest Dave Churchy	Where did lajury occur? (City or town) (County) (State)
	Injured at home, farm, Industry, public place (where?)
Location Daquelow md	
1174 7 12 w 48 mu	Misans of Injury Injured at work?
18. Funeral director	1 OCAN
Address Domishio Ma	A W Sulto 7
N 10 0 0 0 0 10 N	23. SIGNATURE M. D. or other
19 chru 18: 1948 Jahr W. Cash	Ates salund his 3/17/45
(Date rec'd by registrar) Registrar	Address Oate signed



#### CERTIFICATE OF DEATH

	48484
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 5 wears	City or town
Hospital, Institution, or street address where death occurred:	Street No. Baltinuse Street
Boltman Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elbrence Chinabeth	Diulele noue
4. Sex 5. Color or race 6.(a) Single, married, wittowed, or divorced	MEDICAL CERTIFICATION
Demale White Widowed	20. DATE OF DEATH Delirung - 5 - 19.48 21 6-P.
6.(b) Name of husband or wite Charles Divible	24. I CERTIFY that death occurred on the data above stated: that I attended deceased from
6.(0) Name of nuspand of wife	Jan 20 1946, 10 24 5 1986
T. Birth date of	and that last saw h. la alive on Jeh 5 1947
deceased (mo., day, yr.) Why - 11 - 1819	Immediate duse of death DURATION
6. AGE.	J. J
72 (o 24min.	
9. Birthplace Mt. Kenna Tutala Co. Md	Due to
10. Usual occupation A ansume	Due to.
11. Industry or business Dim Davil	006 (0
	Other conditions.
12. Name David Boursau  13. Birthplace Wash, Co. md.	
E	(Include pregnancy within 3 months of death)
	Major findings of eperations
15. Birtholace Wash. Co. md.	Date of op.
16. Informant Miss Thelma Duble	Autopsy results
Address Dunkatoring md.	
11 Burial - Date thereof 3 eliny 8, 1949	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. I allow Line Company	Where did Injury occur?(Clty or town) (County) (State)
location near mableville wash, Co. md.	Injured at home, farm, Industry, public place (where?)
11m 6 B + 95	Means of Injury Injured at work?
18. Funeral director	down homester hat -
Address Doors long ma.	23. SIGNATURE M. D. or other
19. Feb.6, 1948 SPORKILOWERY	Dupsow ml 26/48
(Date rec'd by registrar) Registrar	Address

FOR BINDING MARGIN RESERVED

On Novemberry

PLEASE



VS-A15

The

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02031

CLRTITICA	TE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH:  County Cush.  City or town Clear Sparing Mol.  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Oliver James	3. (b) Social Security Number
4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH Yell, 22, 1948, 81 5 Q.M.
6 (b) Name of husband or wife6(c) If alive, give ageyears  7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  1000 29 1 19 47 10 7 20 22 19 48  and that I last saw h 22 alive on 2 25 20 19 48
8. AGE: Years Months Days It less than one day  77 6 2hrs	Immediate cause of death Cardiac Failure Gudde
9. Birthplace Mash Co. M.C. (Town, county, and state)  10. Usual occupation Frames Relief	Due to Dumas Vertebra 4 mo
11. Industry or business  12. Name Lushum Willo  13. Birthplace Mash Co. Yud.	Other conditions
14. Malden name Markha Shite  15. Birthplace Wash loo Md.	(Include pregnancy within 8 months of death)  Major findings:  Df operations
Address Clear Luis Med RDI	Of autopsy death should be charged statistically.
17. Marcars based Pa Bate thereof Feb. 25-48 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill In the following:  Accident, suicide, or homicide
Cometery or crematory tais View Cometery Mercasslung	Where did injury occur?(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director I J. Juninger Son	Means of injury Injured et work?
19. Feb 28 19 8 Deply Muuc (Date rec'd by registrar)	23. SIGHATURE David R. Prewer M.D. or Man D. or Man M.D. or M.

RECEIVED FEB 28 1948

	02035
Reg. Dis	. No. 30 2

1. PLACE OF DE	Washing	rton			CE (HOME) OF D nts give residence of mot		
City or town	PARATA	mits write RI	JRAL and give nearest town)	State	State Maryland County Washington  Rural Hagerstown  (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, institution, or Washi	streel address where one ton Col	death occurred: unty F	Mospital	Street No	TT A	w Route	
How long in hospital o		2 Hou	ITS	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAM	E	Jam	es H. Dodson			3. (b) Social Securit	ty Number
4. Sex Male	5. Color or race White	6.(a)Single	married, widowed, or divorced  Marred	20. DATE OF DEATH	MEDICAL CER		16/
	or wife			21. I CERTIFY that death o	occurred on the date above s	stated; that I attended de	eceased from
7. Birth date of deceased (mo., day,	June :	13,187		and that I last saw had	alive on the	/	
8. AGE: Year 70		Days 8	If less than one day	min. Carda	r-Rung	Sur	
9. Birthplace. Rappa hannock County Virginia (Town, county, and state)  1D. Usual occupation. Employee Supplie Jone Wills Milk Co. Retired				Due to			
Milk Co. Retired  11. Industry or business  Patrick Dodson  In the state of the sta				Other conditions			*****
13. Birthplace Virginia  14. Maiden name Mary Woodward :  15. Birthplace Virginia  Mrs. Wary Dodson				Major findings of operati	(Include pregnancy within 3 months of death)  Major findings of operations		
16. informant Mrs. Mary Dodson  Address Hagerstown, Route # , Md.				Autopsy results PHYSICIAN: Please and	erline the cause to which	death should be charg	ed statistically.
17. Bur (Burlal, cremation	ial or removal. Which?)	Date there	reb. 24, 1 (month) (day) (year) Cemetery	Accident, suicide, or homi-	was due to external causes, cide	Date of	
Location	Hagers	town,	Maryland		(City or town) lustry, public place (where		
18. Funerat director	Fred V	V. Kra	iss	Means of Injury		Injured al work?	
Hagerstown, Maryland  18. Funeral director Fred W. Kraiss  Address Hagerstown, Marylan d				,	54/01	*	

RECEIVED

FEB 26 1948

## CE

	2411	N.	Charl	es St	., Balt	imore	
R	TH	71	CAT	FE.	OF	DEAT	ГН

			3	0	2
-	100m m		-	$\sim$	60

1. PLACE OF DEATH: E	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Washington Co	State Mary land county Washing ton Co
Cily or town(If outside east or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Street No. Hagers town R#3
Washington Co. Hospital.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Manzella Elizabet	h Dronenburg, None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White	20. DATE OF DEATH Telman 29 10 48 at 1/32 PM
8.(b) Name of husband or wife Charles Dronenburg	21. I CEBJIFY that death occurred on the date above stated; that I atlanded deceased from
7. Birth date of Son tombor 27 1977	F169- 1948 10 716. 29 1948
7. Birth date of deceased (mn. day vr.) September, 27, 1877	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Thromboses Feb 27.48
70 4rs 5 2hrsnin.	
9. Sirthplace Fredrick, Fredrick Co. Md.	Due to Depostersus Curais-
(Town, county, and state)	Varuen peruso
10. Usual occupation House Wife	Due to
11. Industry or business Own Home	
El 12. Name Edward F. Tucker	Other conditions
13. Birthplace Fredrick Md.	(Include pregnancy within 8 months of death)
14. Malden name Sarah E. Mull 15. Birthplace Fredrick, Md.	Major findings of aperations
2 15. Birthplace Fredrick, Md.	Dale of op.
16. Informant Elwood Ehitmore	Autopsy results
Address Fredrick Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Rurial (Burial cremation, or removal, Which?)  (Burial cremation, or removal, Which?)  (Burial cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
cemetery or crematory Episcopal Cemetery	Where did injury occur? (City or town) (County) (State)
Location Urbana, Fredrick Co. Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. E. Cline	Maans of Injury Injured at work?
Address Fredrick Md.	Delier honester ho
Mars > 168 Chapter Brusers	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Addresse Justos Your Ml Bate signed 3/1/40

PLEASE WRITE PLAINLY, WYPH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-15M

VS A15



2411 N. Charles St., Baltimore

932

02037

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

/							
1. PLACE OF DEA	TH. Washin	gton		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of Maryland	of DECEASED: (mother) Washing	ton	
(If outside city or town limits, write RURAL and give nearest town)				County Grant County Hagerstown  City or town (If outside city or town limits, write RURAL and give nearest town)  W. Church St.			
38 GF	amers Al	теу		Street No	e LOCATION)	3+ 0 0 3 + 0 8 0 0 + 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
How long in hospital or	Institution?		· w	2.(a) It veteran, name war.			
3. (a) FULL NAME					3. (b) Social Securit	y Number	
		Emma .	J. Fincham				
4. Sez	5. Cotor or race	\$.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Female	White	Ma	arried	20. DATE DE DEATH February	20 ,48	11:45a	
- 0	Ell	is Fin	ncham	21. I CORTIEY that death occurred on the date at	bove stated; that I affended de	eceased from	
6.(b) Name of husband			66	Tebruary 17, 13			
7. Birth date of			c) It alive, give ageyears 7, 1881	and that I last saw halive on	ebruary 1	7. 1048	
deceased (mo., day, y		Days	If less than one day	Immediate suse of dath		DURATION	
8. AGE: Years	Months				, ,		
		23	hrsmln.	Chronic major	arsilis		
9. Birthplace	Sperryvi	LIC RE		Due to	***************************************	****	
Par P	None		ovate)				
tC. Usual occupation			***************************************	Due to	***************************************		
11. Industry or business	narles S	1 ok			•••••	****	
t2. Name	Sperryv		76	Other conditions			
13. Birthplace			18.	(Include pregnancy, within 3	months of death) •		
14. Maiden name	Mae J.			Major findings al aperations.	speration		
15. Birthplace	Sperryv	ille	Va.		Date of op		
	onard Pa	lmer	Jr.	Andrew to puto	pen		
	gerstown	Md.		PHYSICIAN: Please underline the caose to		ed statistically.	
Burial			Feb 23-1948	22. VIOLENCE: It death was due to external ca	aused till in the tollowing;		
Burial Date thereof. Feb. 23-1948 (month) (day) (year)			Accident, suicide, or homicide	Date of			
(Burini, cremation, or removal, Which?)  Smoketown Cemetery  Cemetery or crematory				Where did Injury occur?	(County)	(State)	
	Martins	burg	W. Va.	Injured at home, farm, industry, public place (			
Location	Scott F.	Minn	ich & Son	Means of Injury	Injured 21 work?		
18. Funeral director	Hagersto		***************************************	1	Keel		
Address	-	, 14	143 1000	23. SIGNATURE		Desether	
18 Jeb. X	5, 19 48	161	Registrar	Has extorn	J M. Date signe		
(Date rec'd by re	gistrar)		Registrar	III A007655			

WITH UNFADING INK. Supply every item of informal important. Physicians: please write the causes of deal

PLAINLY is especial

PLEASE

A15



he correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legi

MARGIN RESERVED FOR BINDING

A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

0	2	()	3	3
			-	

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Slate Maryland county Washington  City or town Clear Spring, Md.  (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street addross where death occurred: Cumberland Street	Sireet No. Cumberland Street (If rurni, give LOCATION)
How long in hospital or institution?	· 2.(a)   1 voleran, name war
3.(a) FULL NAME Ruth Johnson Flory	3. (b) Social Security Number
4. Sex   5. Color or raco   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DF DEATH. Feby . 23 , 1948 19
8.(6) Name of husband or wife David H. Flory  6.(c) If allve, give ago  7. Birth date ot April 20, 1865	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 4.8 10
8. AGE: Years Months Days Illoss than one day	Immediate cause of death My o Cardial Juna 100 My o Cardial Juna 100 My o Cardial M
9. Birihpiace Washington County, Md. Home Duties  10. Usual occupation  11. Industry or businoss  12. Name. Robert Johnson	Due to  Duo to  Duo to  Other cardilloss Curcunoma of Dissoft 6 mo.
E 13. Birthplace Washington County, Md.	(Include pregnancy within 3 months of death)
Louisa Jacques  14. Malden name Louisa Jacques  15. Birthplace Washington County, Md.	Major findings of operations and Subulation of VX Breast
16. Intermant Mrs. Donald C. Haugh Address Clear Spring, Md.	Autopsy results
17. Burial (Burial, cremation, or removal, Which?)  Daio theroot. Feb. 26-6 (month) (day) (y	
Comelory or cromatory St. Paul's Cemetery	Whore did injury occur?
Location Near Clear Spring, Md. Rout	
18. Funeral director. Snyder-Rowland Funeral	Means c1 Injury Injured at work?
Address Clear Spring, Md.  19. Feb 2 6 1948 Profile. Mu	23. SIGNATURE David P. Brewer M. D. or others M. D. or others Legistrary Address Clear Spring Md Dato signed 2/25/48

RECEIVED

FEB 28 1948

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Washington	State Maryland County Washington			
City or town Hagerstown, Maryland. (If outside city or town limits, write RURAL and give nearest town)				
Now long in above place of death?	City or town Clear Spring Md. R.D.# 1			
Hospital, Institution, or street address where death occurred:	Street No.			
Washington County Hospital	(If rural, give LOCATION)			
Now long to hospital or institution? 1 hour	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Linda Tee Fritz				
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Single	20. DATE DE DEATH 7-16 7-1			
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7 Pieth date of	and that I last saw halive on			
deceased (mo., 42), 7:.	Immediate cause of death			
0. AUL.	2nd & 3rd degree bures of 1/3/4			
2 22	Zno a 3ro degree baras or			
9. Birthplace (Town, county, and state)	Due to face, upper extremities			
	3 3 200			
1D. Usuat occupation	Due to and body			
11. Industry or business				
12. Name Haskin E. Fritz 13. Birthplace Cumberland, Maryland	Other conditions			
	(Include pregnancy within 3 months of death)			
# 14. Malden name Martha C. Rubeck				
14. Malden name Martha C. Rubeck 15. Birthplace Franklin Co. Penna.	Major findings of operations.			
16. Informant Mr. Haskin Fritz	NO.			
	Antopsy results			
Address Clear Springs, Md. Route #1	22. VIOLENCE: It death was due to external causes, till in the tollowing:			
Burial Burial Bate thereof Feb. 27, 1948 (Burial, cremetion, or removal. Which?)	Accident, sulcide, or homicide accident Date of Feb.24 14			
(Burial, cremation, or removal. Which?) (month) (day) (year)	When did labor 20012 R. D. #1. Clear Springs, Md.			
Cemetery or crematory Fairview Cemetery	Where did injury occur? R. D. #1. Clear Springs Md. (County)			
Location Mercersburg. Fenna.	Injured at home, farm, Industry, public place (where?) Home			
18. Funeral directorSnyderRowland	Means of injury Clothes on fire injured at work?			
Olasa Caria Managara	OLO + LAZOR DEPUTY MEDICAL EXAM.			
	23. SIGNADONE NOTICET WELLS WASH. CO., MD.			
1. Feb. 26. 148 Greath Towerd	01 7 2.11 M.D			

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

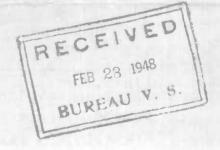
MARGIN RESERVED FOR BINDING

age

The correct

PLEASE

(Date rec'd by registrar)



PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02(140)

10

Juseade mid.

Reg. Dist. No. 306

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infante give residence of mother)  State
3. (a) FULL NAME  auce E. Heer	3. (b) Social Security Number
4. Sex  5. Color or race   6.(a) Single, married, widowed, or divorced  W. Willew	MEDICAL CERTIFICATION  20. DATE OF DEATH FL 25 19.45 11.35 A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Masch 4, 1860 (?)	and that I last saw h. C.L. alive on
8. AGE: Years Months Days If less than one day  11 24hrsmin.	Gaugnesse of right foot 2-mor
9. Birthplace (Town, county, and start)  10. Usual occupation (Section 1988)	Due to let tyrong clesans mellitus
11. Industry or business	Due fo
12. Name Alau Alau Allerano Med.	Other conditions (Lucurysm of abdomusal) >
14. Malden name The Black annie & Juckers)  15. Birthplace J. Howard Cal Mid-	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Juice W. Silv	Anlopsy results
Address 2 6 12 Color and C	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Balton mild	Where did injury occur?
18. Funefat brief to Strucker Sts	Means of Injury tnjured at work?
19. 3/1 19 X8 A.W. Hedrich (Date redd by registrar)  De Registrar	Addres Addres Date signed 152 / 16

	full
	carefarly
	on
	rmati
	nfoi of d
5	of i
	caus
DIT	y it
4	even
4	ly wri
T MARGIN RESERVED FOR BINDING	Supp
3	K. pl
3	IN
<u>-</u>	NG
5	Phy
IAI	TEN T.
F	T Ch
4	LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
	Y, 11,
	NL
	LAI
Σ 10	El El
45-1	SIT!
0	M
S A13 9.45-15M	SE
T P	EA
14	H

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF D				2. USUAL PESIDENCE (HOME) ( (For newborn infants give realdence of	OF DECEASED:	
				State Maryland county Washington		
City or town	agers town	nite write Pl	URAL and give nearest town)	State Co	uptyV.a.Sn.lng.t	G.D
Daniel de la company	33	Veare	3	City or town Hagers town (If outside city or town limit	te welte DIIDAY and sine w	annink formal
How long in above practitution.	or street address where d	leath occurred:		Street No. 941 Concord		
941	Concord S	t			e LOCATION)	
	or Institution?					
3. (a) FULL NAM				a.(u) (I felelati, Hame wat		
3. (a) FULL NAM			ODEC		3. (b) Social Security	Number
	FRAY ALI				None	
4. Se1	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH February	12, 19.48	, af 8 A M
A (A) Name of bushes	Annie Annie	B.		21. I CERTIEY that death occurred on the date at	pove elated; that I attended dec	ceased from
G.(O) Name of nusban	U WIIC		70	Telmony 1 to 4th 10	to Joh)	1 - 4A
7. Birth date of		6.(c)	If allve, give age	and that I just saw land alive on		
deceased (mo., day	yr.) April	7 187	5	Immedials sause of death	/	
8. AGE: Yea	rs Months	Days	If leee than one day			
72	10	5	hre min.	Culy Hem		100
	(Town, c	county, and st	in Co. Ba	Due to.		
10. Usual occupation	Tinner	ir	, , , , , , , , , , , , , , , , , , ,	Due to		
1f. industry or busine	ss Own Busi	ness				
当 12. Name GC	dfrey Goe	tz	*	Diher conditions	***************************************	*** ***********************************
12. Name GC	Germany	,	7			
	Ellan Gr	aham		(Include pregnancy within 3	months of death)	***
E 14. Maiden nami	TTTT ON WIT	Cut State	***************************************	Major findings of operations		
¥ 15. Dirthplace	Ellen Gr Upton Ps				Date of op	,
16 Informant MI	s. Annie	E. Go	etz	Autopsy results		
	lagerstown			PHYSICIAN: Please underline the cause to v	rhich death should be charged	d statistically.
			19/11/10	22. VIOLENCE: If death was due to external ca	ruses, fill in the following;	
(Burial, crematic	on, or removal, Which?)	Date there	(month) (day) (year)	Accident, sulcide, or homicide	Date of	
Cemetery or crema	tory Rest H	laven	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Hagerstow	n ld.		Injured at home. farm, industry, public place (		
f8. Funeral director.	Andrew K	Coff	man	Moane of Injury	Injured at work?	
Address	Hagerst	own M	d	1. SW	Out )	
" Feb	. 14.1948 registrar)	los	earth lower	23. SIGNATURE		or other
(Date rec'd by t	registrar)		Registrar	Address. / Zessus	Date signed	713/48

RECEIVED

FEB 17 1948

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

# CERTIFICATE OF DEATH

Dr. Wells 02042

Reg. Dist. No. 302

City or town	erstown de eity or town li dealh? eet address where n Poli	mits, write R death occurred	dquarters	2. USUAL RESIDENCE (HOME) OF  (For newhorn infants give residence of r  State	write RURAL and give r	nearest town)
3. (a) FULL NAME					3. (b) Social Securit	- Number
	C CMTm	I CODI	1037			
	S SMITE		DOIN e, married, widowed, or divorced	MEDICAL CE	213-18-8 ERTIFICATION	846
	3871 2 4 -					2 D
	White		Idower	20. DATE OF DEATH Feby. 23		
6.(b) Name of husband or t	viteE	li th		21. I CERTIFY that death occurred on the date above	re stated; that I attended de	icessed from
		6.(4	e) If alive, give ageyears	19		
7. Birlh date of deceased (mo., day, yr.)		14 18		and that I last saw halive on		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		
58	8	9	hrs min.	Acute alcoholic		
10. Usual occupation	Labore	er	nklin Co, Pa,	Due to	lism	
13. Birthplace S	liam B. hady Gr	Gord	lon a.	Other conditions	nonths of death)	
<b>←</b>			2.	Major findings of operations		
				Autonay results None		
	agersto			PHYSICIAN: Please underline the cause to wh	ich death should he charge	ed statistically.
Burial (Burial, cremation, or	removsi, Which?	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory	Rest	Haven	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Hager	stown	Md.	Injured at home, farm, Industry, public place (wh	ere?)	
			ffman	Massas of Injury	Injured at work?	IEDICAL EXAM
Address	Hager	stown	Md.	23 SIGNATURES Police & U	Dello WASH	. CO., MD.
19. Job, 2. (Date ree'd by regist	5 19.48 rar)	16h	astilowers. Registrar	Address Negentium.	M. I	2/4/48



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Re	g. Diat. No	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOM (For newborn infents give resident)	E) OF DECEAS	ED:	
County	ashington lagers town outside city of town lin	its, write R	URAL and give nearest town)	State Maryland . county washington  City or town Hagerstown  (If outside city or town timits write RURAL and give nearest town)  901 Chestnut St.			l west town)
Hospital, Institution, or	street address where d	eath occurred		difee av.	*******		rest towny
				(If rura 2.(a) If veteran, name war	l, give LOCATION	4)	
3. (a) FULL NAM	r Institution?	***************************************		2.(c) Il recent, there were the	3. (b)	Social Security	Number
	Lydia Gr	ace G	ossard		No	one	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICA	L CERTIFI	CATION	
Female	White	Ma	rried	20. DATE OF DEATH.	eb 19	19.4-8	115.25A
7. Birth date of		6.(6	rt Gossard 70 years	21. I CERTIFY that death occurred on the d	19.47 to 3 el	Jeb 19	7 1948 19.48
deceased (mo., day, )		Days	If less than one day	Immediate cause of death			
64	4 1	12	hrsmin.	Cardio Vasa	catag - I	_	n U
10. Usual occupation	Housewif	e	,Wash.,Marylan	Due to			
12. Name	Near Wils	man on , N	Maryland.	Other conditions	***************************************		
H 14. Maiden name.	Belle Ash ear Kemps	e Mil	l, Maryland. Gossard	(Include pregnancy wi			
			Gossard Hagerstown, Md.	Autopsy resolts	e to which death	should be charged	statistically.
17. Buria (Burial, cremation	1 n, or removal. Which?)	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to exte Accident, suicide, or homicide	***************************************	Date of	
Над	Rest Hagerstown,	Mary.	Cemetery Land.	Where did injury occur?(City or Injured at home, farm, industry, public p			(State)
200811011	Mrs. Ed:	th V	Leaf	Maans of Injury		njured at work?	
18. Funeral director Address Wil	lliamspori			Theta	2 1/	01	
19. Feb.	20, 1.48	67	host Boever	7/2 - 4 - 7	on ma	M. D.	or other

of information carefully. The correct age ses of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNFA

especially

PLEASE WRIT

S



FEB 23 1948

2411 N. Charles St., Baltimore

932

2 HOURS DECIDENCE (MONAE) OF DECEASED.

02044

#### CERTIFICATE OF DEATH

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

WITH UNF.

PLAINLY, is especially

WRITE

BINDING

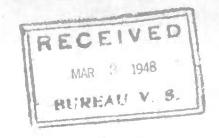
FOR

RESERVED

MARGIN

Reg. Dist. No. 303

County			URAL and give nearest town)	(For newborn infants give residence of mother)  State Maryland County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  Street No. Hotel Hamilton  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAM		wis So	cott Hamilton	3. (b) Social Security Number NON E
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	S	ingle	20. DATE OF DEATH 7eb 2 19.48 at 7 P.
7. Right date of	yr.) May 5,	1880	) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Oct 9 19 43 10 7 2 2 19 48  and that I last saw h AM alive on 7 2 2 19 48  Immediate sause of death DURATION
8. AGE: Year		Days 28	If less than one day	Immediate cause of death  Nyscardial dilitation  1/30/48
16. Usual occupation	Retired	Sales	tate) Sman	Due to. Orlein Clerosis ?  Mysearditis Clerosis ?  Due to.
13. Birthplace F	Hagerstown	n, Maj Gray		Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant	Mrs. Ed	ith H	unter	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial (Burial, crematio Cemetery or crema Location H8  18. Funeral director Address Has	kose i	Date there  ill  Mary  ter &  Mary	Cemetery  Vland  Sons	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



186a

12	0	45		1
		*	0	Us

### CERTIFICATE OF DEATH

Reg. Dist. No.

City or town	ashingto ural Sh outside city or town it of dealh? street address where rpsburg	n arps burg nits, write RURAL and give nearest town) 30. Years leath occurred: Route # 1	State Wary Land County Washington		
3. (a) FULL NAM	e Ma ud	e Belle Harris		3. (b) Social Security None	amber
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL C. 20. DATE OF DEATH Feb. 26.	ertification 1948 6:50 I	ì a
		6.(c) If alive, give ageyears		, to	19
8. AGE: Years	Months	Days   If less than one day   14	Senility		
9. Birthplace			Due tosteps	)	1 hr.
12. Name	Virgi		Other conditions (Include pregnancy within 8  Major findings of operations	months of death)	
18. Informani		Knode Route # 1 , Marylan	Autopsy results	hich death should be charged st	tistically,
		Date thereof Feb. 194 (month) (day) (year) sville Cemetery	Where did injury occur? (City or town)	byn Vash. (County)	Md a State)
Location	Bakersvil Fred W	le, Maryland . Kraiss	Injured at home, farm, industry, public place (w	here?)Home	
Address  192	8 11 8	town, Maryland Elf Cospe	Meens of Injury Fell down s  23 SIGNATURE & Robert 1  Address Hagerstown,	M.D. on Date signed	co., MD.

MARGIN RESERVED FOR BINDING

9-45-15M

A15 SA PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 10 1948

PLEASE

the correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

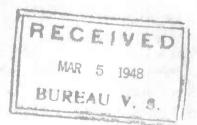
2411 N. Charlee St., Baltimore

#### CERTIFICATE OF DEATH

13/2

02040 · Reg. Dist. No. 302

1. PLACE OF DEATH:  County	nd RAL and give nearest town)	City or town Hagerstown (If outside city or town limits, Street No. 52 Harmons A (If rural, give L	Washington  write RURAL and give nea  lley	rest town)
		2.(a) 11 veteran, name war	***************************************	
3.(a) FULL NAME Lester D. Ha	rt		3. (b) Social Security 1 214-09-93	
Male Colored Sin	married, widowed, or divorced	MEDICAL CE	RTIFICATION	III. A.
S.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above	, 10	
deceased (mo., day, yr.) Not Known		Immediate cause of death		OURATION
8. AGE: Years Months Days	If less than one day	Immediate cause of death	••••••••••••••••••	DUNATION
39	hrs,min.	Vascular hyp	ertension	<b>x</b> x ?
9. Birthplace	own	Due to arterioscleroti  Due to disease  Chr. congestive  Other conditions heart	c kidney myocardial failure	
14. Maiden name Not Know 15. Birthplace Not Know		(Include pregnancy within 3 mc		
Address Downingtown, P  Burial Date theree (Burial, cremation, or removal, Which?)  Cemetery or crematory Rose Hill C  Location Hagerstown, Mar.  18. Funeral director. William Down-Address Hagerstown, Mar.	a. 3-3-48 (month) (day) (year) emetery yland	Antopsy results  PHYSICIAN: Please underline the cause to whice  22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County) Injured at work?	(State)
19. Mars. 3. 1948 62.	eff Bowers, Registrar	23. SIGMATURE	M. D	



age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02047 Se 3

OERTH TOIL	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give realdence of mother)  Washington  State Maryland County  County  City or lown Rural Big Pool  (If outside city or town limits, write RURAL and give nearest town)
Big Pool	Street No
How long in hospital or institution?	2.(a) If reteran, name war.
3.(a) FULL NAME William A. Hart	3. (b) Social Security Number None
Male S. Color or race White Wildowed, or divorced White Wildow ed	MEDICAL CERTIFICATION  20. DATE OF DEATH. Feb. 8, 1948 196: 304 P. M. M.
8.(6) Name of husband or wife Anna E. Hart  S.(c) If allve, give age years  7. Birth date of March 5 1860	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5
deceased (mo., day, yr.) What the	Immediate cause of death
8. AGE: Years Months Days If less than one day If l	Myo cardial Actions 3 910.
9. Birthplace	Due to.
12. Name Henry Hart  13. Birthplace Washington County, Md.	Other conditions Chair Statement Chairman
Susan Miller  14: Malden name. Washington County, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16 Informant Mrs. Katherine Reed Address Big Pool, Md.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Feb. 11, 194  (Burial, cremation, or removal, Which?)  Cemetery or crematory Park Head Cemetery  Near Clear Spring, Md. Route 4	Where did injury occur?
18. Funeral director	23. SIGNATURE David OP. Wrewer M.D. or Other



FOR

RESERVED

MARGIN

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466 X

02048

#### CERTIFICATE OF DEATH

CERTITICAT	Reg. Dist. No. D.
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State.
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Ogres Many Hanken  4. Sex 5. Color or race B. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
temple aville single	20. DATE OF DEATH File 12 18 48 21 /2 A N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19.45 to 7.19.45  and that t last saw hands alive on Facl. OURATION  Immediate cause of death. Ourage addressed to OURATION  Due to
10. Usual occupation Leep U. p. you Free P.C.	
11. industry or business  HE 12. Name J. Orrest Hawfson  13. Birthplace Williams for Monde that  14. Maiden name Mond Sice Monde that  15. Birthplace Williams bout mod	Other conditions
E 15. Birthplace Williams bout 1 md	Date of op.
16. Interment Miss allet Hauben	Autopsy results
Address Addres	22. VtOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location and elle and post me	Maens of Injury Injured at work?
18. Funeral director. College of the Address av ille amphort mal	God ?
19. 2/15/48 19 Mrs. E. Jee M. Elsoy (Date rec'd by registrar)  (Date rec'd by registrar)	Address Deficer faul M. D. or other  Address Deficer faul M. Daie signed 13/45.

PLAINLY, v is especially i

WRITE

PLEASE

A15 SA

RECEIVED

FEB 17 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02049

## CERTIFICATE OF DEATH

Reg. Diat. No. 306

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland  County Washington  Smithsburg (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
EARL L. HECK	207-1-4042
4. Sea   5. Color or race   8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH. February 4 19 48 14:004
6.(6) Name of husband or wife Evelyn Huff Heck  6.(c) It alive, give age 39 years  7. Birth date of deceased (mo., day, yr.) July 17, 1907	21. I CERTIFY that death occurred on the water above stated; that I attended deceased from 19.48 to Feb. 19.48 and that I last saw blind. alive on Feb. 4.19.48
8. AGE: Years   Months   Days   If less than one day   40   4   17  hrshrsmin.   Cameron, Ohio County, W.Va.	Immedia; cause of death DURATION Talmonary bomorrhage  Due to Fat a avaised belateral
9. Birthplace	Jue to.  Other conditions.
14. Malden name Rose Courtwright Cameron, W.Va.	(Include pregnancy within 3 months of death)  Major fiediogs of operations
Mrs. Earl L. Heck  Address Smithsburg, Md.	Actopsy results
Burial 2/6/48  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Ringgold Union Cemetery  Ringgold, Md. Hagerstown # 5	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
18. Funeral director Halter y Grave  Address 27 S. Church St. Taynebore, Pa  19. Fl. J. D. 1848 Sev H. Ingason (Date rec'd by registrar)  (Date rec'd by registrar)	Meang of Impury  23. SIGNATURE (Valley of Work?  24. Signature (Valley of Work?



(Date rec'd by registrar)

Registrar

OF DEATH	Reg. Dist. No	302-
. USUAI. RESIDENCE (HOM (For newborn infants give residen	E) OF DECEASED:	
late Maryland	county Washingto	n.
Washington	W.N. 64 Waysis h limits, write RURAL and give ner Omity Home	arest town)
treet No. (If rura	l, give LOCATION)	
.(α) It veteran, name war		
	3. (b) Social Security NONE	Number
MEDICA	L CERTIFICATION	
D. DATE OF DEATH FALL	29 th 1948	13-A
1. I CERTIFY that depth occurred on the d		
Jan	1847 10 Feb 2	9 104
nd that I last saw h. Ann. allve on	7ch 280	19.4
mmediate cause of death		DURATION
Cerebral 14	monhage	4 da
ue 10		
Nemypee	gia st.	4 da
ue jo.	a-dia mas-	**
Appellensing C therconditions Cular o	Lis e s-e	534
ther conditions		27
(Include pregnancy with	thin 8 months of death)	
Tajor findings of operations		
	Date of op	
ntopsy results	e to which death should be charged	statistically.
2. VIOLENCE: It death was due to exter	rnal causes, fill in the following:	
	Date of	
ccident, suicide, or homicide		
Vhere did injury occur?(City or s		(State)
ccident, suicide, or homicide	lace (where?)	(State)
Vhere did injury occur?(City or s		(State)



MARGIN RESERVED FOR BINDING

correct age

# 9-45-15 M

# VS A15 9.4

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Reg. Dist. No. 30	)
01	Per Dist No.	

1. PLACE OF DEATH:  Washington  City or town.  Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or streef address where death occurred:  Washington County Hospital  How long in hospital or institution?  3 days			
3. (a) FULL NAME Helen Margaret Hite	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Female   White   Married	MEDICAL CERTIFICATION  Feb. 4, 1948  19 19 19 19 19 19 19 19 19 19 19 19 19 1		
6.(b) Name of husband or wife Leroy Sylvester Hite  5.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.)  July 19, 1901	21. I CERTIFY that death occurred on the date above stated; that Lattleded deceased from  19 46  and that I last saw h. A. Jalive on		
8. AGE: Years   Months   Days   If less than one day   46   6   16  hrsmln.	Mesenterie thrombodo 2 days		
9. Birthplace Lykens, Pa.  (Town, county, and state)  10. Usual occupation Home Duties  11. Industry or business  12. Name William H. Shoop	Due to		
Penn.  13. Birthplace Penn.  14. Maiden name Rebesca H. Reidinger 15. Birthplace Penn.	(include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Leroy S. Hite  Address 205 S. Mont Valla-Ave. Hagersto  17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Perry Heights Cemetery Location Marysville, Pa.  18. Funerat director Fred W. Kraiss Address Hagerstown, Md.	22, VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
19. Feb 5. 19 48 Charto Boward (Date rec'd by registrar) Registrar	Address Frageretown Mf. Date signed 2/4/41		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diet. No. 302

1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL end give necreat town)  Street No. 442 North Potomac Street  (If rure), give LOCATION)  2.(a) If veteran, name war. World War 1				
					3. (a) FULL NAME	
Dr. Frank Newcomer Hoffme			eier NONE			
4. Sex Male	5. Cotor or race White	8.(a)Single, married, widowed, or divorced  Married		CERTIFICATION 2/19/48	1930 H	
***************************************		ie Mc. Hoffmeier  5.(c) If alive, give age 70 years 15, 1876	21. I CERTIFY that death occurred on the date	above stated; that I attended de	19-489	
8. AGE: Years	Months	Days tf less than one day 4m	Probable acute c	arouals	77	
1D. Usual occupation  11. Industry or busines  12. Name	Retireds. v. Thoms	Fred. Co. Md. county, and stete) d Roentgenologist as F. Hoffmeier ter, Pa.	Dther conditions		munt	
	Sallie	M. Ankeney town, Maryland	(Include pregnoncy within			
16. Informant		k Hoffmeier				
Address Hagerstown, Maryland  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Zion Reformed Cemetery.			Accident, sulcide, or homicide	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		
LUCATION	PVT	wn, Maryland	Injured at home, farm, Industry, public place	(where?)	***************************************	
18. Funeral director	С. М. S	Suter & Sons	Means of Injury	Injured at work?		
Address		wn, Maryland	23. SIGNATURE John ST 2	Homba ket	كر.كي.	

FOR

PLEASE

FEB 24 1948
BUREAU V. S.

**OURATION** 

## CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Cily or InwnWilliamsportMaryland (If outside city of town limits, write RUKAL and give nearest town)  How long in above place of death?	State Maryland County Washington  City or town Near Williamsport  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3.(a) FULL NAME Charles W. Humrichouse	3. (b) Social Security Number 058-03-3385
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH S. 10 19 45 10 12
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.8 to F. J. O. 18  and that Vast saw h Amazalive on F. J. O. 18  Immediate sause of death OUR
71 3 13 hrs. min.  8. Birthplace Baltimore Maryland (Town, county, and state)  16. Usual occupation Retired Broker  11. Industry or business	Due to Culeuro Salerrona 7
William H. Humrichouse  12. Name William H. Humrichouse  13. Birthplace Baltimore, Maryland  14. Maiden name Annette Hart  15. Birthplace Annapolis, Maryland  Minford Humrichouse	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Philadelphia, Pa.  17. Burial (Burial, cremation, un removal, Which?)  Cemelery or crematory. Rose Hill Cemetery  Location. Hagerstown, Maryland  18. Funeral director. C. M. Suter & Sons  Address Hagerstown, Maryland  19. 2/2/4/ 19. Mas. & Jee M. Elecy (Date rec'ddy registrar)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide.  Whera did injury occur?  (City or town)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other

BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes FOR RESERVED MARGIN

PLAINLY, is especially PLEASE WRITE SS



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

()2()54 Reg. Dist. No. 30 V

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Washington .	State Maryland county Cloas ling	9
(If outside city or town limits, write RURAL and give nearest town)	(1)	
How long in above place of death?	City or fown (If outside city or town limits, write RURAL and give ne	arest town)
Hospital, institution, or street address where death occurred:	street No. Boouslus R. 2	
Boouston R. 2	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Clara Dolling Hut	rell none	
4. Sex 5. Cotor or race 6.(a) Single, markied, widowed, or divorced	MEDICAL CERTIFICATION	
Demale white Married	20. DATE OF DEATH Frances 16" 1948	21 F . C.
0 .4 6 21 + 11	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
B, (b) Hame of massame of mise.	19 to 7.6. 16	19.4.8
7. Birth date of	and that I last saw h	19.48
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	landed Howardage	1 mo, 4da
61 8 15min.	0	
9. Birthplace Robersolle Wash, C. md. (Town, county, and state)	Oue to attained The particles	3 years
10. Usuat occupation ) d ousewill	Due to.	
11. Industry or business Pun Idone	Due 10	
# 12, Name Och Smith	Other conditions	
3. Birthplace R. Shersielle Wash. Co. md.		
W . O . O . O	(include pregnancy within 3 months of death)	
	Major findings of operations	
	Oate of op	
16. Interment Russill E. Autzell	Autopsy results	atatistically
Address Booustrio md. R.2		statisticany.
17 Burial . Date thereof Delany 18: 1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (mon(f) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory 5 omnalmo Cennelly	Where did injury occur?	(State)
Cocation Boonsbuo md.	Injured at home, farm, Industry, public place (where?)	••=====
form 2 Bat 9 San	Misens of Injury tojured at work?	
18. Funeral director.		
Address Boonstro ma.	23. SIGNATURE & Luck trade - m. A	
Jehruy. 18. 1948 John 71. Bast	13 1 3 1 M.D.	3/17/48
Date rec'd by registrar) Registrar	Address / Doubles Fed . Date signed.	#//

MARGIN RESERVED FOR BINDING

WITH UNF important.

WRITE

PLEASE

SA



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02055

302

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland Causty Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 56 West North Street  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME  Lemuel F. Johns	3. (b) Social Security Number 217-09-9816
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced  Male Colored Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 7 et. 14. 19.46 01 9 &
6.(b) Name of husband or wite Elsie Johns 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 10, 1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4-8 to 7.4 1.4, 19.4-8 and that I last saw h. 6600 allive on 7.44 1.3, 19.4-8.
8. AGE: Years Months Days If less than one day 56 9 4hrs. min.	Immediate caose of death  Ouration  Ouration  Vegentensine cardio-vascular disease years
9. Birthplace McKeesport, Pa.  (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business	Due to
12 Name Charles Johns   13 Birthplace Not Known	Diher conditions Nephro-oclerosso years
14. Maiden name Annie Hardy 15. Birthplace Not Known	(Include pregnancy within 3 months of death)  Major fieldings of operations
16. Informant Mrs. Elsie Johns Address Hagerstown, Maryland	Aotopsy resolts. As above PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Burial Date thereof 2-17-48 (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. William H. Downey  Address Hagerstown, Maryland	Meens of Injury  Injured at work?  23. SIGNATURE
19. Teb. 17. 19 48 Steathtfowers (Dato rec'd by registrar) Registrar	Address Hagestown md Date signed 74 16, 1848



1-1	2110			
		-	20	_

	-/-			arles St., Baltimore	2000	) USUDE	- 0-
	-1		CERTIFICA	TE OF DEATH	1	Reg. Dist. No	30 >
	ng ton erstown e city or town in alh?	nits, write RI  year  leath occurred:  y Hos	JRAL and give nearest town)	City or town Rura (if outside Street No. Chewsv	nd co L Hage city or town limit ille Pi	mother)  nunty	erest town)
			Clarence E.	Jones		256-24-42	
	Cotor or race White		married, widowed, or divorced			y 13, 1948	9:104
6.(b) Name of husband or will 7. Birth date of deceased (mo., day, yr.)			Jones If allve, give ageyo 1924	ars and thal I last saw h	13 19		2 19 19 DURATID
8. AGE: Years 23	Months 9	Days 25	If less than one dayhrs	in. Orgin	of une	Hermand	
9. Birthplace		Farme	r	Due to	Cous	g aesth.	
13. Birthplace Jef	Eunice	J. H			regnancy within 3		
101 111,011110111	s. Alic	e J.			he the cause to v	Date of op.	Statistically.
17 Buris 1 (Burial, cremation, or recembery or crematory	Rest Hage	. Have rstow	n Cemetery  n Md.	Where did Injury occur?	e(City or town)	Date of	(State)
Address  19. Fall 6 (Date rec'd by registra	Hage		n. Md.	23. SIGNATURE A	J. /6	uyma, hd M.D. M.D.	or other



BUREAU V. S.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1370

0211575 > Reg. Diat. No.

1. PLACE OF D	/ Wasi	ingto	on	2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	OF DECEASED:	
Horonat own			12 30	state Maryland county Washington		
City or town(1	f outside city or town lin	nits, write R	VII URAL and give nearest town)	City or town R. F. D. # 5 Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
				City or town	ts, write RURAL and give ne	rest town)
	or street address where d			Street No		
			ty Hospital		e LOCATION)	
How long in hospital	or institution?2	DAYS	***************************************	2.(a) If veteran, name war	************************************	***************************************
3. (a) FULL NA	ME				3. (b) Social Security	Number
		JOHN	HARVEY KING			110mbcs
	5. Color or race		e, married, widowed, or divorced		None	
4. Sex			A STATE OF THE PARTY OF THE PAR	MEDICAL C	ERTIFICATION	
Male	White	l l	Married	2D, DATE DE DEATH	- 11 1948	1210 A N
	Damb.		77.4			
			King	T-0 A	48 to Feb	
0.0000110101010101000000000000000000000	201000		t) It allve, give age7.7year			
7. Birth date of deceased (mo., da)	(vi) Augu	ist 10	1869	and that I last saw h. 14 aqslive on		0 1948
	ars   Months	Days	It less than one day	Immediate cause of death	•	DURATION
7	8 6	1	hrsmin		naca	1 was pleas
	Leitersh	nire	Manuland	Bassins - 2007	tatic lempartra	2 44 4
9. Eirthplace	· (Town,	ounty, and s	Maryland tate)	Due to Dennight De		7 - 4 - 1
10. Usual occupation		r				X
		4		Due to		
11. Industry or busin		77.9				• • • • • • • • • • • • • • • • • • • •
12. Name		King	<b>5</b>	Other conditions	>= \$p======= \$\$	
₹ 13. Birthplace	Unknown	-1				
E 10	Barbara	A. V	Vetzel	(Include pregnancy within 8		
14. Maiden nam	Unknowr			Major findings of operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
≥ 15. Birthpiace					Date of op	
16. Informant	Harry W.	King		Autopsy results	0.22.2000	
Address 144	4 S. Churc	h St.	, Waynesboro.	PHYSICIAN: Please underline the cause tu w	hich death should be charged	statistically.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 11 10 10	22. VIOLENCE: It death was due to external ca	uses, till in the following:	
17	novaL on, or removal. Which?)	Date there	(month) (day) (year)	Accident, sulcide, or homicide	Date ot	0.0000000000000000000000000000000000000
	/! DEEN	HILL				
Cemetery or crem	atory		-T)	Where did injury occur? (City or town)	(County)	(State)
Lecation	WAYNES	OKO	PENNA.	Injured at homo, tarm, industry, public place (v	where?)	••••••
	If mont	and of	POE	Means of injury	Injured at work?	
18. Funeral director		70/	PENNO		The second	
Address V/	AYNESBO	NO.	PENNA.	23. SIGNATURE C. L. HOC	egliton MI	
tels	11. 48	62	east 2 revery	23. SIGNATURE	/ A M. D.	or other
19. (Date rec'd by	registrar)		Registra	Address Hagers town n	Date signed	Feb 11, 1948

HILAND SE TANDA AND STATE OF A ST



WORKS BONG

02058

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

930

Reg. Diat. No. 306

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Washington	Man a a Timelia
City or town. (If outside city or town limits, write RULAL and give nearest town)	20. 3.2.10.1. 20.01
How long in above place of death?	(If outside city or town limits, write (URAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. D Mulliabug Md . K. Z
SMUlabry Ma. K.Z.	(If rural, give LOCATION)
How long in hospital or institution	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color on race   6.(a) Single, married, widowed, or divorced	usly continue
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH 19.4 8,21 6 A
6.(b) Name of husband or wife Maluta Langue	21. I CERTIFY that death occurred on the date above stated: that Latterfied deceased from
	Jet 2 194 4 10 J 1 2 6 19.4
7. 8 Irth date of deceased (mo., day, yr.) September 30. 1892	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OUNATION
75 4 20hrsmin.	
9. Birthplace, Mt. Lua Wach, Co. Md. (Town, county, and state)	Due to Certain - 5 clar of is 1.5 y
10. Usual occupation. 3 arms.	Due to.
11, industry or business	
12. Name 12.	Dither conditions
M S. M. OAARAMA	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations
Mas Miller Walder	Date of op.
16. Informant	Antopsy results
Address C Millialting Mai 16.2.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Basulus Cambre	Where did Injury occur?
Dranks md	Injured at home, farm, industry, public place (where?)
Location Santa Control	Means of Injury tajured at work?
18. Funeral director	00
Address Doomoon	23. SIGNATURE & G / OHLEN
19 Mac 13 1948 Sw-V, traguson (Date ree'd by feristrar)  (Registrar)	M. D. Shel
(Date to a by Acquire)	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

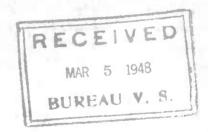
correct age

9-45-15M

WRITE

PLEASE

VS A15



2411 N. Charles St., Baltimore

27	-	~ 1
6.4	6.5-	13-6
1	-	4

# CERTIFICATE OF DEATH

02050 Reg. Dist. No. 302

City or town(12	Hagers to outside city or town in the cot death?  The cot death?  The cot death?  The cot death?  The connection of the	wn 63	RURAL and give nearest town) YOARS d:	2. USUAI, RESIDENCE (HOME) (For newborn infants give residence of Mabyland State  City or town Hagers to (If outside city or town lim 117 N. Can: (If rurol, given lim 117 N. Can:	f mother) Wa	Ashingto	***********	)
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war		***************************************		
3. (a) FULL NAM		aida	M. Kinsey		3. (b) S	ocial Security N	umber	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL (	CERTIFIC	CATION		
Female	White	1	Widowest	20. DATE DE DEATH February	16	1948	. 6	a
			G. Kinsey  (c) It alive, give age	21. I CERTIFY that death occurred on the date a	4.8., 10	Feb 16	11	
	yr.) May 13,			and that I last saw h			1	. 4.8
8. AGE: Yea		Days 3	If less than one dayhrsmin.	Immediate sause of death	e din	aicalme	DUR	RATION
	gerstown	Was	sh. Md.	Bue to Mural Um	Day Der a		>	
	LIOWD.	county, and	state)	Due to			************	
1D. Usual occupation	Nor	18		Due to	Jelensel	Lation	(a. Y	ADA
当 12. Name	oseph A.			Diher conditions General, C	emelus	sclerosso	400000000000	
13. Birthplace	Hagerst	own	Md.	(Include pregnancy within				
Maiden nami	Anna K.	Jone	S					
LOW 15 Birthulace	Anna K. Cavetown Earl Kins	Md.		Major fiodiogs of operations				
To. Bittiplace	Earl Kins	ev		Antopsy resolts				
16. Informani	Hagerstov	m 1	Md	PHYSICIAN: Please ooderline the cause to	which death sh	ould be charged a	tatistically	7.
Buri	non, or removal. Which?) Ro	Date the Se H	reof Feb. 18, 194 (month) (day) (year) ill Cemetery	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	) ( (where?)	Date of	(State)	
Address  19 Feb.	Hagersto	wn I	Md. leasfft Lowerl	23. SIGNATURE ROPPENT U	h Ca	M. D. o	/	D.



# WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1220

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
Washington Halfway	State Maryland county Washington		
City or town Halfway (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 24 years	Halfway		
How long in above place of death? 24 years	City or town Halfway (If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, or street address where death occurred:	Street No. 1921 Virginia Ave.		
1921 Virginia Ave.	(tf rural, give LOCATtON)		
How long In hospital or Institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Laura May Lindsey	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE DE DEATH		
6.(b) Name of husband or wite Samuel E. Lindsey	" Near 28 10.36 to Feb. 13, 10 4		
Deceased 6.(c) If alive, give age year	and that I last eaw bear allive on 3.4.13, 19.4.		
7. Birth date of deceased (mo., day, yr.)  April 21, 1867	Immediata cause of death DURATION		
8. AGE: Years Months Days It less than one day	ammediata esuse of death.		
80 9 23hrsnlr	Senility		
Near Clearspring, Wash., Marylar	1d Due to Timbi 1 3021 harnis 20viv		
to. Usual occupation. Housewife At Home	oue to intestinal obstruction 3 d		
11. Industry or business			
12 Name Samuel Davis 13 Birthplace Near Clearspring, Maryland.	Dther conditions		
13. Birthplace Near Clearspring, Maryland.	(Include pregnancy within 3 months of death)		
14. Malden name Matilda Dellinger			
15. Birtholace Near Clearspring, Maryland.	Major hadings of operations		
	N a Date of op.		
16. Informant Mrs. Howell Vickers	Antopsy results		
Address 1921 Virginia Ave.; Halfway, Md.			
Burial Boto therest Feb 16 1948	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide		
17. Burial Date thereot Feb. 1.6. 1948 (month) (day) (year)			
Cemetery or crematory Mt. View Cemetery	Where did injury occur?		
Location Sharpsburg, Maryland.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Edith Leaf	Meens of Injury Injured at work?		
Williamsport Marvions	& Robert walls uD		
Address Address	23. SIGNATURE		
10 tel. 16. 1948 Ollastt Town	Klass town I me shelds		
19. (Date rec'd by registrar) Registra	Address		

RECEIVED

FEB 18 1948

MIREAU V. S.

2411 N. Charles St., Battimore

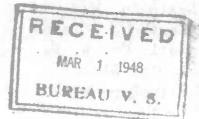
932

	CATE OF DEATH Reg. Diat. No. 307
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mabyland County Washington
County	State Hagerstown City or town (Country leaves town limits, write RURAL and give peacest town)
How long in above place of death?	(11 Odeside city of town minus, write accounts and give itement of the
Hospital, institution, or street address where death occurred: 527 Reynolds Ave.	Street No. 327 Reynolds Ave.
How long in hospital or institution?	2.(d) If veleran, name war
3. (a) FULL NAME  John C. Linger	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. February 26 1948 of 4:45p
6.(b) Nama of husband or wite Mary E. Linger	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	5 Jy /4 19-48 10 26 Feb 10 40
7. Birth date of Now 9 3076	and that t last saw h . 1 m allye on . 2 6 F e 6 19 48
deceased (mo., day. yr.) MIRLY 0, 1010	Immediate space of death CR 24 2-4 1 OURATION
8. AGE: Years Months Days If less than one day	Accidant 3days
71 9 19hrs.	
9. Birthphase Horner Rt. 1 Lewis Co. W.Va.  (Town, county, and state)  Teacher	UWERLA GUZOLI.
11, industry or business Public School	Oue to
Power H Lingon	Diher conditions CR7 44701 E421061415
12. Name Lewis Co. W. Va.	
Montho J Simons	(Include pregnancy within 8 months of death)
14. Maiden name Martha J. Simons Lewis Co. W. Va.  Roderick Linger	Major findings of operations.
15. Birthplace Lewis Co. W. Va.	Oate of op.
16. Informant Roderick Linger	Autopsy results
Address Martinsburg W. Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 7 0 7	1948 22. VIOLENCE: If death was due to external causes, fill in the following:
(Marial gramation or removal Which?) (month) (day) (year	r) Accident, suicide, or nomicide
Cemetery or crematory. Reger Chapel Cemetery	Whera did injury occur? (City or town) (County) (State)
Buckhannon W. Va.	Injured at home farm, Industry, public place (where?)
18. Funeral director Scott F. Minnich & Son	Means of Injury Injured at work?
Hoganataum Ma	
Address Hagerstown Md.	23 SIGNATURE Clan & H oacland ma
19 tob 27 1.48 Char. M. Bon	Mess Land m. D. or other
(Date rec'd by registrar) Reg	zistrar   Address Date signed Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

RESERVED FOR BINDING

MARGIN



2411 N. Charles St., Baltimore

X	51	Do	

Dr. "oughton
02062

#### CERTIFICATE OF DEATH

Reg. Diat. No. 302

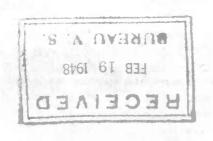
	Nog version in the manufacture of the contraction o		
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State aryland County Washington		
City or town	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 829 Spruce St		
Washington County Hospital  How long in hospital or institution?	(If rural, give LOCATION) NONE 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
LEVI NEWMAN MARLOWE			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Widower	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  7 19.48 21 / 6		
	21. I CERTIFY that death occurred on the date above stated: that i attended deceased from		
6.(b) Name of husband or wife Sarah	aug 16 19.43 to Feb 9 19.48		
7. Birth date of deceased (mo., day, yr.) Nay 21 1867	and that I last saw h Line alive on Feb 9 19 48		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
80 8 18hrsmin.			
9. 8irthplace Front Royal Warren Co. Va. (Town. county, and state)  1D. Usual occupation Wood Worker	Due to		
11. Industry or business Retired	Due to		
質 12. Name John Marlowe	Diter conditions Carcinoma prontate 4 yrs		
13. Birthplace Front Royal Va.	(Include pregnancy within 8 months of death)		
E 14. Maiden name Amanda Berry	Major findings of operations.		
14. Maiden name Amanda Berry 15. Dirihplace Front Royal Va. 15. laformant Lathen Marlowe	De Jeon in 1943 Date of op. Day 194.		
16. Informant Lathen Marlowe	Autopsy results		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Butial Butial Date thereof 2/12/48 (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Whera did injury occur?		
Location Hagerstown Md.	Injured at home farm, Indusfry, public place (where?)		
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?		
Address Hagerstown Md.	of Houselton M.O.		
19. Feb 11. 1948 Charff Sowerl, (Date rec'd by registrar) Registrar	Address Hagerstory Md Date signed Feb 9.4		



correct age

MAR	UNFA
(	I
(	PLAINLY,
9-45-15M	WRITE
VS A15	PLEASE

Evidence for change MARYLAND STATE DE	PARTMENT OF HEALTH Dr. Wells	
	E OF DEATH  Q 400  Reg. Diat. No. 302	g (n
1. PLACE OF DEATH:  County Washington  City or town. Hagers town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  54 North Jonathan St  How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington City or iown Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. Hagerstown R#1 Beaver Creek (If rural, give LOCATION)  2.(a) If veteran name war. None	
3.(a) FULL NAME DAVID JESSE MARTIN	3. (b) Social Security Number 215-26-2165	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION Feb/15/48	P
8,(b) Name of husband or wife Mary Martin  8,(c) Hative, give age 51 years  7. Birth date of deceased (mo., day, yr.) November 17, 1889  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19	
9. 8irihplace Moorsville Washington Co. Md.  (Town, county, and state)  10. Usuat occupation Fireman  11. Industry or business Soya Corp.	coronary occlusion 3d  Due to acute ventricular fibrillation  Oue to	********
12. Name. Jefferson Martin   13. Birihplace Mooresville Md.   14. Maiden name Eva Cline   15. Biriholace Mooresville Md	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant Mrs Mary Martin  Address Hagerstown Md. R#1  17. Burial Date thereof 2 / 7 / 7 (month) (day) (year)	Actopsy results	0000000
Cemelery or crematory St. Pauls Cemetery  Location Near Clearspring Md.	Where did injury occur?	
18. Funeral director. Andrew K. Coffman  Address Hagerstown Ma.  19. Jeb. 77. 1948 Stackt Bowers,  (Date rec'd by registrar)  Registrar	23. SIGNATURE REPORT MEDICAL EX WASH. CO., MD.	



PLEASE WRITE

VS A15

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

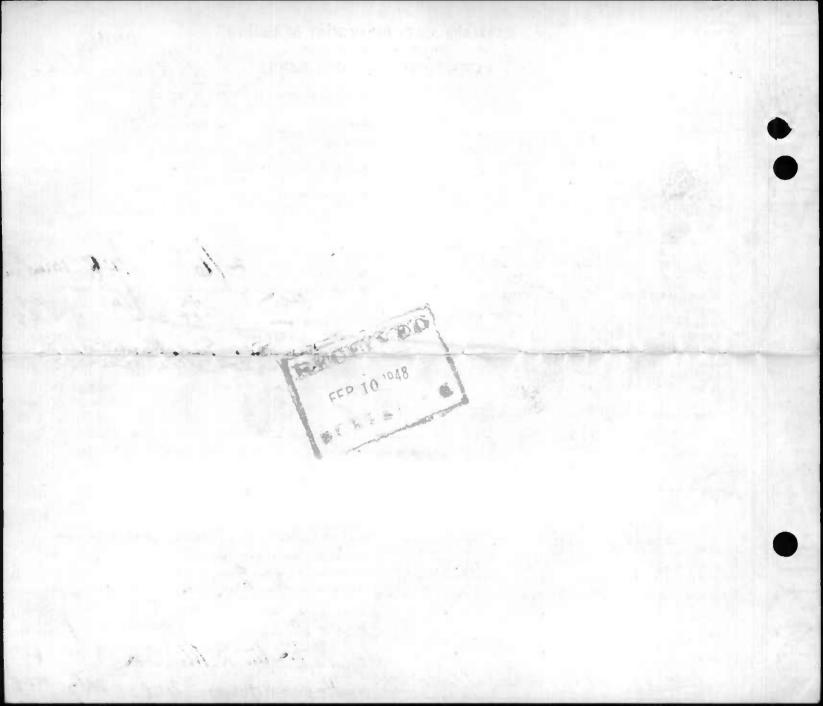
# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

11211

Reg. Dist. No. 302,

County Washington City or town Magers Lown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Hospital, institution, or street address where death occurred:  61 Westside Ave.  How long in hospital or institution?  3.(a) FULL NAME  Markus Clinton Mauck	State No. 61 Westside Ave.  (If rural, give LOCATION)  2.(a) If veleran, name war.  (If outside eity or town limits, write RURAL and give nearest town)  None  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL PERTIFICATION
Male White Married	20. DATE DE DEATH 2 /6 /194 31 /0:45
6.(b) Name of husband or wife Betty Irene Mauck  6.(c) Name of husband or wife Betty Irene Mauck  81  7. Birth date of August 12 1865	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from  19 4 8  and that I last saw h access alive on
deceased (mo., day, yr.)	Immediata cause of death Curaci & Sudo Cardetis _ ?_
8. AGE: Years Months Days If less than one day 5 24hrsmin.	afferio- Allerosci ?
9. Birthplace Milldale, Warren, Virginia  (Town, county, and atate)  10. Usual occupation Laborer in Leather Tannery  11. Industry or business Leather Tannery  12. Name Robert Mauck  13. Birthplace Milldale, Virginia  14. Maiden name Rebecca Watkins  15. Birthplace Milldale, Virginia  16. Informant Russel B. Mauck  17. Burial Burial Bate thereof Feb. 8, 1948 (Month) (day) (year)  18. Funeral director Greenlawn Cemetery  Location Williamsport, Maryland.  18. Funeral director Edith V. Leaf  Milliamsport Maryland.  19. Funeral director Maryland.  19. (Date ree'd by registrar)  19. (Date ree'd by registrar)  10. Usual occupation Leather Tannery  11. Leather Tannery  12. Name Tannery  13. Birthplace Milldale, Virginia  14. Maiden name Rebecca Watkins  15. Birthplace Milldale, Virginia  16. Informant Russel B. Mauck  17. Burial Green Maryland  18. Funeral director Address  19. (Date ree'd by registrar)  19. (Date ree'd by registrar)	Due to  Differ conditions



9-45-15M

A15 NS PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Rog. Dist. 110.
1. PLACE OF DEATH:  County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Ho Monatown	State Maryland county Washington
City or town	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Sireet No. 220 We First Street
220 W. First Street	(If rural, give LOCATION)
How long in hospital or Institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALCIE TRESA MCELROY	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Female   White   Married	MEDICAL CERTIFICATION
Tomato will be mailted	20, DATE DE DEATH Feb. 2, 1948 10:45 P. at M.
6.(b) Name of husband or wife. Joseph T. McElroy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1936, 10 3.1. 2 19 48
7. Birth date of deceased (mo., day, yr.) October 20, 1896	and that I tast saw h. Letc. alive on 7 stg. 7 199 %
	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Fultiple Myleoma
9. Birthpiace	Que fo.
	chr. myocarditis 6 mo.
1D. Usual occupation Home Duties	Due to
11. Industry or business	
12. Name John A. Mays	Other conditions
13. Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Malden name. Mary Lynn	Major findings of operations multipale myolowe
15. Birthplace Virginia	Date of op. 10/4/47
14. Maiden name Mary Lynn 15. Birthplace Virginia 16. Informant Joseph T. McElroy	Autopsy results. // O
Address 220 W. First St Hagerstown, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Runial Wah 6 40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Fred W. Kraiss	Meens of injury Injured at work?
Address Hagerstown, Md.	23. SIGNATUR (Polent Wello M. D.
Fol 6 19 Chapter most	23. SIGNATURA M. D. OPER
19. (Date rec'd by registrar) Registrar	Address Harer Low Md Date signed 46.4/48



PLAINLY, is especially

WRITE

PLEASE

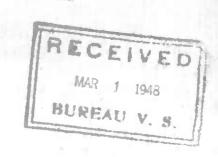
A15 SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02066

CERTIFICA	TE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH:  County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Mospital, institution, or street address where death occurred:  510 Summit Ave.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State laryland county Washington  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 510 Summit Ave.  (If rural, give LOCATION)  2.(a) It veteran, name war. None
3.(a) FULL NAME  MRS LILLIAN ALLISON MILLE	SON 3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH February 26, 19. 48, 21 12: 30 A
6.(6) Name of husband or wife Robert L. Milleson 6.(c) If alive, give age 63 years 7. Birth date of deceased (mo., day, yr.) March 12, 1892	21. I CERTIFY that death occurred on the date above states: that I attended deceased from  10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
8. AGE: Years Months Days tiless than one day	Careinowa 1 Browst 3-4
55 11 14hrsmin.	4 Bleeden Gruns
9. Birthplace Berryville, Clarke Co. Virgin (Town, county, and state)  10. Usual occupation Housewife  11. industry or business Own Home  12. Name Christian W. Singhass 13. Birthplace Winchester Va.  14. Maiden name Virginia Allison  15. Birthplace Winchester Va.  16. Informant Robert L. Allison	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Actopsy results.  PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Hagerstown Md.	22. VIOLENCE: It death was due to external causes, fill in the following:
Date thereof 2/29/48 (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Winchester, Fredrick Co. Va.  18. Funeral director. Andrew K. Coffman  Address  Hagerstown Md.  19. Feb. 27. 1948  Blassff Journel  (Date rec'd by registrar)	Accident, suicide, or homicide



2411 N. Charles St., Baltimore

551 02867

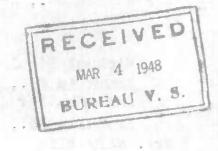
		C	ERTIFICAT	TE OF DEA	TH		Reg. D	ist. No.	503
1. PLACE OF DEATH:  Washington  City or town. Clear Spring.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  La years  Hospital, inslitution, or street address where death occurred:				2. USUAL RESIDE (For newborn in State	efants give reside and and ear Spitalde city or tow	County County County ri ng n limits, wr	Wash	ington	est town)
3. (a) FULL NAME	Ode	ssa Lorrai	ne Mills	3. (b) Social Security Numbe			umber		
4. Sex Female	S. Color or race White	6.(a)Single, married, widd		20. DATE OF DEATH		2, 1	948	1911;4	5 P. M
T. Birth date of deceased (mo., day, y	.) Octobe		2ge years	21. I CERTIFY that deat	7. 2. 2 24allve on	19.4 E		Felr	
8. AGE: Years 12	Months 3	13 If less that	49.40	Naco		f re	ght	Jemu	4mo
Birthplace	School	ounty, and attate) Student		Due to	20 a	nd	03r	am	3 mo
13. Birthplace V	shingto Susan	Mills n County, Bridendol n County,	Md •	Other conditions	de pregnancy wit		==*************		
16. Informant	Harry C. Clear Spr	Mills ing, Md.		Antopsy results	nderline the cause	e to which d	death should	be charged at	
Location Nea	r Clear	ul's Cemet Spring, Md	. Route 4	Where did injury occurs Olinjured at home, farm, 1 Means of injury			)		(State)
Address	Clear Sp	owland Fun ring, Md.	Musia Registrar	23. SIGNATURE LA	avid	P.a	Bre Mg	M. D. or	m.D other 2/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-15 M VS A15



County.  City or fown.  (If outside city or town limits, write RURAL and give nearest town)  How long In above place of dealh?  Hospital, Institution, or street address where death occurred:  128 Wayside Ave.			City or town. Hagerstow (If outside city or town Street No. 128 Waysi	County Washington imits, write RURAL and give nearest tow. de Ave. give LOCATION)
3. (a) FULL NAM	Jenn	ie Martha Minnich		3. (b) Social Security Number
female	5. Color or race white	6.(a)Single, married, wildowed, or divorced  widowed		CERTIFICATION
8.(b) Name of husband or wife Harry Minnich  6.(c) If alive, give age yeare  7. Birth date of deceased (mo., day, yr.)  July 6, 1857		and that I last saw h 3000alive on	te above clated; that I aftended deceaced from  19.48 10	
8. AGE: Year 90		Days If less than one day		Octavosis -
9. Birthplace (Town, county, and state)  10. Usual occupation  11. Industry or business  Wichael Diehl  12. Name Michael Diehl  13. Birthplace Franklin Co., Penna.  Anna Shutter  15. Birthplace Franklin Co., Penna.			Due fo	
Address Hagerstown, Md.  17. burial Dale (hereof 3-2-48 (month) (day) (year)  Cemetery or crematory. Rest Haven Cemetery  Location Hagerstown, Md.			PHYSICIAN: Please underline the cause  22. VIOLENCE: If death was due to extern  Accident, suicide, or homicide	to which death should be charged statistical al cauces, fill in the following;  Date of
18. Funeral director Scott F. Minnich & Son Maddress Hagerstown, Md.			23. SIGNATURE	Injured at work?  Willen M. D. anner  M. D. anner  M. D. anner  M. D. anner



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

M

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93 du

02(16.) Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County WashingTon	State Maryland county Washington
City or town	
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Washington Co. Haspital	Street No. E. Main Street  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
William Van Meter Moe	0.0
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20, DATE OF DEATH 7 18 19.48 01 2.00 P. M
6.(b) Name of husband or wife Sarah Werde baugh	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
Moon si nusuame ur wite	74 12, 1248 10 74 18, 1948
7. Birth date of	and that I last saw h inc. allve on Tit. 18.
deceased (mo., day, yr.) Dept, 6 1028  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION DURATION
59 5 12nia.	Fillimonia interested throng
	pulmonery Johnson years
9. Birthplace MT. Lake Park Grarrett Co., Md. (Town/county, and state)	Que to.
10. Usual occupation Mechanic	Que to.
11. Industry or business	
12. Name Jonathan Whitfield Moon	Other conditions arterio-scleratic heart
\$ 13. Birthplace Garrett Co., Md.	(Include pregnancy within 8 months of death)
14. Molden name Millie Elizabeth Junkins  15. Birthplace Unknown	Major findings of operations
2 15. Birthplace Unknown	Date of op.
16. Informan Sat. Truman W. Moon	Autopoy results as above
Address Frederick Md.	PHYSICIAM: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removat, Which?)  Bate thereof Feb. 22, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
cemetery on examples, Damascus Christian Church	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Charles R. Bast	Means of tinjury Injured at work?
Address Hancock Md	23. SIGNATURE R. S. Stauffer, M. D.
19. Teb 20. 1868 Short Bowers	23. SIGNATURE D. Stauffer, M. J. or other  Address Gagustown Ma Bate stepped Feb 18.1948

RECEIVED

FEB 23 1948

BUREAU V. S

2411 N. Charles St., Baltimore

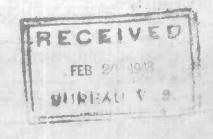
Dan	Dian	NI.	3	0	3	^
Keg.	Dist.	No.				

CERTIFICA	TE OF DEATH Reg. Dist. No. 305
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced  Male Negro Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(c) Name of husband or wife 8.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.)  December 25, 1925	and that I last saw h And alive on 19 48  Immediate cause AD death DURATION
8. AGE: Years   Months   Days   If less than one day	Julivorany Interculores 1 /2.
8. Birthplace	Due to
13. Birthplace Maryland 14. Maiden name No record 15. Birthplace	(include pregnancy within 3 months of death)  Major findings of sperations.
Address Roxbury Md.  17. Removal (Burisl, cremation, or removal. Which?)  Cemetery or crematory. Waldorf Cemetery.	Autopsy results
18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  19. Feb. 17. 1948 John Construction of the Construction of th	Means of Injury  Injured at work?  23. SIGNATURE

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

A15 NS WRITE PLAINLY, is especially

PLEASE



02071

correct age

1. PLACE OF DEATH:

How long in hospital or institution?.

3. (a) FULL NAME

6.(b) Name of husband or wife......

78

deceased (mo., day, yr.)

8. AGE:

Female

Washington

How long in above place of death? 2 Years
Hospital, institution, or street address where death occurred:
611 George St.

ALICE

White

John Myers

October 4, 1869

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltanore

100

#### CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No 3.	02
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
state Maryland	County Washingt	an
City or lown Hagerstow (If outside city or town ii		
	St.	
(If rural,	give LOCATION)	
2.(a) If veteran, name war	••••••••••••••••••	
	3. (b) Social Security N	lumber
	None	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH Februar	v 18 448	4 8.30P
21. I CERTIFY that death occurred on the date	19.42 oto Lafe 8	sed from
and that I last saw h et alive on	LR 18	H.V
		19
Immediate cause appleath Mayor	ndelis	DURATION
80. 2.	steed beginter	6 Jus
		640
a Que lo		
	***************************************	
Oue to		
		*********************
Diher conditions		
(Include pregnancy within		
Major findings of operations		
	Date of op	
Autopay results		tatistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;	
Accident, suicide, or homicide	Oate of	
Where did Injury occur?(City or tow	vn) (County)	(State)

Martinsburg, Berkley Co. W. V House Wife 11. Industry or business ! Own Home 12 Name Jasper Hicks Breencastle Pa. 13. Birthplace 14. Maiden na 15. Dirthplace 14 Malden name Elizabeth Eversole Charlestown W. Va. Mrs. W. R. Sinns Hagerstown Md. Date thereof 2/21/48 (month) (day) (year) Burial
(Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md. 18. Euneral director Andrew K. Coffman Hagerstown Md. Registrar

VIRGINIA HICKS MYERS

6.(a) Single, married, widowed, or divorced

.6.(c) If alive, give age .......years

.......hrs. ......min.

If less than one day

Widowed

23. SIGNATURE.

Means of Injury

Sheet 1. Courad WK

Vtagero (oux,

Injured at home, farm, industry, public place (where?) .....

M. D. or other 2-50

RECEIVED

FEB 24 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg Dist No. 3.83

The state of the s	
1. PLACE OF DEATH:  County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)
	State Maryland county Washington
City or town (If outside city or town fimits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Route #1 Big Pool
Gateway Nursing Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH February 24 1948 21 8:30 PM
6.(b) Name of husband or wife. Samuel Myers	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from SEPT. 25 19.4.7, to Feb. 24 1948
7. Birth date of	and that I last saw h. LR alive on February 22 1848
deceased (mo., day, yr.) May 20 1860  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
87 9 4nrsmln.	Carrent Car at Lang :
9. Birthplace	Getero oclero hi gaugino
10. Usual occupation.	7007, 0484
11. Industry or business	Due to
12. Name Samuel Weller  13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Barbara Myers	Major fiadings of operations .
15. Birthplace Maryland	Date of op.
18. Informant MYS. GENERVEVE 13 eard	Antepsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Route # 1, Big Pool Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. + 45.22, 1948  (month) (day) (year)	Accident, suicide, or homicide
Cometery or cromotory Stone Bridge Church of Brethren	Where did injury occur?
Location Fulton Co., Penna near Hancock, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles R Bast	Means of injury Injured at work?
Address Hancock Md.	and Polant I
10 2 2 le 1941 8 Pros/14 70/21	23. SIGNATURE M. D. O
(Date rec'd by registrar)	Address Clear Apring 8000. Date signed 2-26-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED

MAR 3 1948 BUREAU V. S.

L. M. Tolly

PLAINLY, V is especially

WRITE

PLEASE

A15 NS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			CLICA	IIICAI	L OI DEATH	Reg. Dist. No	×
1. PLACE OF DEATH				1	2. USUAI, RESIDENCE (HOME) 0	F DECEASED:	
County Washington -Rural			State Maryland Cou	washing to	n		
City or fown		City or town Rural - Hage	rstown, write RURAL and give nes	reat town)			
Hospital, Institution, or street	et address where i	seath occurred	1;		Street No. Route 4 Bros	dfording Ro	ad
Hagerstow	n R #4	Bro	adfording.	Road	(If rural, give	LOCATION)	
How long to hospital or tost	itution?				2.(a) If veteran, name war		
3. (a) FULL NAME						3. (b) Social Security	Number
IRG	BESSIE	VIRG	INTA NETRI	ERT		None	
4. Sex   5.	Color or race	6.(a)Singl	INTA NETB.	vorced	MEDICAL CE	ERTIFICATION	
Female	White	Ma	rried		20. DATE OF DEATH February	19 48	, 7 P
6.(b) Name of husband or w		6.(	c) tf alive, give age		21. I CERTIFY that death occurred on the date abo	10 Det /	- 1950
deceased (mo., day, yr.)	April	15,	1879		Immediate cause of death		OURATION
8. AGE: Years	Months	Oays	If less than one day		Immediate cluse of death	***************************************	0011411011
68	11	16	hrs	min.			
9. Birthplace	rspring	y. Wa	shington	Co. Md	Que to Sushetine Come	***************************************	12 hr
rı	(Town,	county, and	state)	100			
10. Usual occupation					Due to distates the	lletes	4 yer
11. Industry or business	Own 1					1.00.00.00.00.00.00.00.00.00.00.00.00.00	
■ 12. Name Jaco	b Kers	ner			Other conditions		***************************************
13. Birthplace	Falling	g Wat	ers West	Virgin	ia		
当 14. Maiden nameS	usan C	hrist	ian		(Include pregnancy within 8 r		
15. Birthplace Cl	earonr	ino M	d		Major findings of operations		
≥1 15. Birthplace	. Lagran	C 37	- 13				
16. Informant Chr	erstow				Antopsy results	hich death should be charged	statistically.
					22. VIOLENCE: tf death was due to external cau	ises, fill in the following:	
Burial Burial (Burial, cremation, or	removel Which?	Date thei	eof 2/3/48 (month) (day	(vear)	Accident, suicide, or homicide	Date of	
Cemetery or crematory	Broadf	ordin	g Cemeter	У	Where did injury occur?(City or town)	(County)	(State)
Location Bro	adford	ing M	d		tnjured at home farm, industry, public place (w	here?)	
18. Funeral director				9	Means of Injury	Injured at work?	
\	rstown		.0		9/1/ Kul	87	
Fel. >	118	· h	EARABA	vere!	23. SIGNATURE	M. D.	
19. (Date rec'd by registr	19 T.	16.1		Registrar	Address Houston	Oate signed.	7748



9.45.15 M

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

()2()74 Reg. Diat. No. 302

City or town.  Hagerstown  (Westled styre town limits, with RURAL and give nearest town)  low leng in above place of death? 30. Y.C. IS.  Roysled, its trouble and the town limits, with RURAL and give nearest town)  Roysled, its trouble and the subtract address where death occurred:  2026 Virginia Avenue  Row long in above place of death? 30. Y.C. IS.  Roysled, its initiation, or street address where death occurred:  2026 Virginia Avenue  Row long in above place of death? 30. Y.C. IS.  Roysled, its initiation, or street address where death occurred:  2026 Virginia Avenue  Roysled in a street in a str	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County		
City or town. The gerstown with the RURAL and give nearest town)  (for loads in above place of dealth? 30. Years  Respitable, itellitude, or sterred address where death excerted:  2026 Virginia Avenue  Row long in above place of dealth? 30. Years  Royally laterillude?  3. (a) FULL NAME  James B. Peterman  4. Sate  Male  James B. Peterman  5. Color or race  White  Married  5. Color or race  White  Married  5. Color or race  White  Marry Magdeline Miller  5. Color or race  White  Selectated city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created Ro.  (If created city or town limits, write RURAL and give nearest town)  Street Ro.  (If created row leafs Ro.  (If crea	County Washington			
toyled, institution, or street sediess where death occurred:  2026 Virginia Avenue  Sireel No.  2026 Virginia Avenue  3. (a) Social Security Number  3. (b) Social Security Number  3. (c) Halves, give age  21. Identify Inatigation occurred to the data above sisted; thall stigned of occased from the decaded from the data above sisted; thall stigned of occased from the decaded from the data above sisted; thall stigned of occased from the data above sisted; thall stigned occased from the data above s	City or town Hagerstown			
Street No.   Str		City or town Hagerstown, R.D.		
Sirve   No.	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Solution	2026 Virginia Avenue	Street No.		
4. Set Male S. Color or race Married, widowed, or divorced Married Mar				
4. Sat Male S. Color or race S. (a) Single, married, widowed, or divorced Married  S. (b) Name of husband or wife. Mary Magdeline Miller  7. Sirih dale of deceased (no., day, vr.) November 3, 1856  8. AGE: Vears Monthe Days It less than one day 91 5 3 hrs. min.  9. Birthplace. Sharpsburg, Wash. Co. Md. (Town, county, and state)  10. Usual occupation. Retired Tarmer  11. Industry or business  12. Name. George Peterman  13. Sirihplace Martinsburg, W. Va.  15. Sirihplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Aye. Hagerstown (month) (day) (year)  Charles of Death February 8, 1948 18 at Median above stated; that I situated deceased from 18. Hall state above stated; that I situated deceased from 18. Hall state above stated; that I situated deceased from 19. He was alive on 19. He	How long to hospital or institution?	2.(a) If yeleran, name war.		
Male White Married  5.(b) Name of husband or wife Mary Magdeline Miller  5.(c) Hallve, give age years deceased (mo. day. yr.)  November 3, 1856  8. AGE: Years Months Days It less than one day 91 5 3 hrs. min.  9. Birthplace Sharpsburg. Wash. Co. Md.  (Town, county, and state)  10. Usual occupation. Retired Farmer  11. Industry or business  12. Name. George Peterman  13. Birthplace Martinsburg, W. Va.  14. Maiden name. Mary Ann. Mc Grow.  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagersto.  Address 2026 Virginia Ave. Hagersto.  Cemelery or crematory, Mountain View Cemetery  Mountain View Cemetery  Mountain View Cemetery  Weers did Injury occur? (City or town) (County) (State)	James B. Peterman	3. (b) Social Security Number		
5.(b) Name of husband or wife. Mary Magdeline Miller  5.(c) Halve, give age		MEDICAL CERTIFICATION 10.10		
S.(b) Name of husband or wife. Mary Magdeline Miller  S.(c) Halive, give age. years deceased (mo. day, yr.) November 3, 1856  S. AGE: Years Months Days It less than one day 91 5 3 hrs. min.  S. Birthplace Sharpsburg, Wash, Co., Md.  Town, county, and state)  10. Usual occupation. Retired Farmer  11. Industry or business  12. Name. George Peterman 13. Birthplace Martinsburg, W. Va.  14. Malden name Mary Ann Mc Grow 15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman Address 2026 Virginia Ave. Hagersto  17. May Date thereof. Feb. 11. 1948  18. Hagersto  19. Halive, give age. years 18. Halive on Feb. 11. 1948  Due to Sharpsburg of death DUBATION  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 12. 1948  And that I last saw h. Mrs. alive on Feb. alight on Feb. 13. 1948  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 21. 1948  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 21. 1948  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 21. 1948  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 21. 1948  The Calculation of the date above stated; that I sitended deceased from 18. Halive on Feb. 21. 1948  The Calculation of the C	Male White Married	20 DATE OF DEATH February 8, 1948 19		
Social live, give age   Social live, give add that I last saw h. Ins. alive on . If the social live, give and that I last saw h. Ins. alive on . If the social live of death   Social live, give and that I last saw h. Ins. alive on . If the social live, give and that I last saw h. Ins. alive on . If the social live of death   Social live, give and that I last saw h. Ins. alive on . If the social live, give and that I last saw h. Ins. alive on . If the social live, give and that I last saw h. Ins. alive on . If the social live of death   Social live, give and that I last saw h. Ins. alive on . If the social live of death   Social live, give and that I last saw h. Ins. alive on . If the social live of death   Social live and that I last saw h. Ins. alive of death   Social live of dea	Many Mandalina Willer			
18. Hirh dale of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day 91 5		Fet 8 1848 to Fet 8 1948		
Second control of the conditions   Second control	7 Right dale of			
8. AGE: Years   Months   Days   It less than one day   91   5   3   hrs.   min.   9. Birthplace   Sharpsburg   Wash   Co.   Md   10. Usual occupation   Retired   Farmer   11. Industry or business   12. Name   George   Peterman   13. Birthplace   Martinsburg   W   Va   14. Maidea name   Mary   Ann   Me   Grow   15. Birthplace   Fredrick   Maryland   16. Informant   Mrs   Mary   Maryland   17.   Maides   Date thereof   Feb   11   1048   18.   Maryland   Date thereof   Feb   11   1048   19.   Burial   Date thereof   Feb   11   1048   19.   Cemelery or crematory   Mountain   View   Cemetery   19.   Months   Date thereof   George   Co.   Md   19.   Date thereof   Mountain   View   Cemetery   19.   Cemelery or crematory   Cemetery   19.   Cemelery or crematory   Mountain   View   Cemetery   19.   Cemelery or crematory   Cemelery   19.   Cemelery or cremat	deceased (mo., day, yr.) November 3, 1856			
9. Birthplace Sharpsburg, Wash. Co. Md  (Town, county, and state)  10. Usual occupation Retired Farmer  11. Industry or business  12. Name George Peterman  13. Birthplace Martinsburg, W. Va.  14. Malden name Mary Ann Mc Grow  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagerstown, Major findings of operations.  17. Burial  18. Industry or business  19. Where did injury cocur?  19. Cemelery or crematory. Mountain View Cemetery  19. Buris of operations.  10. Usual occupation. Retired Feb. 11. 1948  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  PHYSICIAL: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of County (City or town) (County) (State)	8. AGE: Years Months Days It less than one day			
9. Birthplace Sharpsburg, Wash. Co. Md.  (Town, county, and state)  10. Usual occupation. Retired Farmer.  11. Industry or business  12. Name George Peterman.  13. Birthplace Martinsburg, W. Va.  14. Malden name. Mary Ann Mc Grow.  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman.  Address 2026 Virginia Ave. Hagerstown.  17. Burial.  18. Usual occupation. Retired Farmer.  19. Usual occupation. Retired Farmer.  19. Usual occupation. Retired Farmer.  19. Usual occupation. Due to County of County)  10. Usual occupation. Retired Farmer.  11. Industry or business  12. Name George Peterman.  13. Birthplace Martinsburg, W. Va.  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Made 22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide Date of Whers did Injury occur?  (City or town) (County) (State)	91 5 3hrs.			
10. Usual occupation Retired Farmer  11. Industry or business  12. Name George Peterman  13. Birthplace Martinsburg, W. Va.  14. Malden name Mary Ann Mc Grow  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagersto  Address 2026 Virginia Ave. Hagersto  (Burial, cremation, or removal, Which?)  Date thereof Feb. 11, 1948  (Burial, crematory Mountain View Cemetery  Cemelery or crematory Mountain View Cemetery  (City or town) (County) (State)	Sharnehure Wash Co Md			
10. Usual occupation. Retired Farmer  11. Industry or business  12. Name. George Peterman  13. Birthplace Martinsburg, W. Va.  14. Malden name. Mary Ann. Mc Grow.  15. Birthplace Fredrick, Maryland  16. Informant. Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagersto  Address 2026 Virginia Ave. Hagersto  17. Burial  (Burial, cremation, or removal, Which?)  Cemelery or crematory. Mountain View Cemetery  Due to.  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  MI. O.  Commoth) (day) (yoar)  Cemelery or crematory. Mountain View Cemetery  Where did Injury occur?  (City or town) (County) (State)	9. Birthplace (Town, county, and state)	Due to Caral Library		
11. Industry or business    12. Name	Retired Farmer	Colonary Coccusion		
12. Name	[0, 08081 00000041001	Due to		
13. Birthplace Martinsburg, W. Va.  14. Maiden name Mary Ann Mc Grow  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagerstown, Mrs. Physicial: P				
14. Malden name   Mary Ann Mc Grow   Major findings of operations	E 12. Name. George Peterman	Other conditions		
14. Malden name Mary Ann Mc Grow  15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman  Address 2026 Virginia Ave. Hagerstown, M. Peterman  Burial  Burial  (Burial, cremation, or removal, Which?)  Cemelery or crematory. Mountain View Cemetery  Major findings of operations.  Autopsy results.  Autopsy results.  Autopsy results.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)	13. Birthplace Martinsburg, W. Va.			
15. Birthplace Fredrick, Maryland  16. Informant Mrs. Mary M. Peterman Address  2026 Virginia Ave. Hagersto WIT, Mary MIT, Mary Mitchelle, Maryland  17. Burial Date thereof Feb. 11, 1948 (Burial, cremation, or removal, Which?)  18. Informant Mrs. Mary M. Peterman Autopsy results.  19. Burial Date thereof Feb. 11, 1948 (Month) (day) (year)  22. VIOLENCE: If death was due to external causes, fill in the following:  23. Accident, suicide, or homicide.  24. Where did injury occur?  (City or town) (County) (State)	Mary Ann Mc Grow	(Include pregnancy within 3 months of death)		
16. Informant Mrs. Mary M. Peterman  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of Whers did injury occur?  Whers did injury occur?  (City or town) (County) (State)		Major findings of operations.		
Address 2026 Virginia Ave. Hagers to WII.  Burial  Burial  Bate thereof Feb. 11, 1948  (Burial, cremation, or removal, Which?)  Cemelery or crematory.  Mountain View Cemetery  Mers did Injury occur?  (City or town)  (County)  (County)	15. Birthplace Fredrick, Maryland	Dals of op.		
Address 2026 Virginia Ave. Hagers to WII.  Burial  Burial  Bate thereof Feb. 11, 1948  (Burial, cremation, or removal, Which?)  Cemelery or crematory.  Mountain View Cemetery  Mers did Injury occur?  (City or town)  (County)  (County)	16 Informant Mrs. Mary M. Peterman	Autopsy results.		
Cemelery or crematory.  Cemelery or crematory.  Mountain View Cemetery  Mers did lajury occur?  (City or town)  (County)  (County)	2026 Virminia Ara Hamana	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Cemelery or crematory.  Cemelery or crematory.  Mountain View Cemetery  Mers did lajury occur?  (City or town)  (County)  (County)	Address 2020 VIIgINIA Ave. nagers	22. VIOLENCE: If death was due to external causes, fill in the following;		
Cemelery or crematory. Mountain View Cemetery Whers did Injury occur?	(Burisl cremation or removal Which?)  (Burisl cremation or removal Which?)	Accident, suicide, or homicide		
Sharpsburg, Maryland   Injured at home, farm, Industry, public place (where?)	Location Sharpsburg, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Fred. W. Kraiss Means of Injury Injured at work?				
		0 1 40 10 11		
Address Hagerstown, Maryland 23, SIGNATURE. Onesh J Cortemb	71 . 111	23. SIGNATURE Ornest & Sortemby		
19. Jeb. (2-1 19.48 bleastff Brown & M. D. or other (Date roc'd by registrar)  M. D. or other M. O. or other M. D. or other M. D. or other M. D. or other M. O. or other M.	19. Jeb. 12. 1948 6 Hast 11 2 aver	M. D. or other		



2411 N. Charles St., Baltimore

9300

02075

#### CERTIFICATE OF DEATH

303

					Reg. Dist. No	
1. PLACE OF DE	Washi		***************************************	2. USUAL RESIDENCE (HOME (For newhorn infants give residence stateMary land		m
(tf outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	City or town Hagerstown	mits write RIPAL and give ne	
Hospital, Institution, or street address where death occurred: 410 Mitchell Avenue			d:	Street No. 410 Mitchel	l Avenue give LOCATION)	
How long in hospital o	r Institution?			2.(a) It veteran, name war		
3. (a) FULL NAM	Rachae	l Pur	dham		3.(b) Social Security NONE	Number
Female			MEDICAL 20, DATE OF DEATH	CERTIFICATION	, af	
6.(b) Name of husband or wife Charles W. Purdham			•••••••••••••••••••••	21. I CERTIFY that death occurred on the date		
	yr.) October	19,		and that I last say be alive on		
8. AGE: Year	6 3	Days 25	If less than one dayhrsmin.	Sembly		
9. 8irthplace Stanley, Virginia (Town, county, and state)				Due to		
tC. Usual occupation Housework  1t. Industry or business			67	Oue to Carolin Vaca	lu Juin	1392
12. Name Elipah Pettit  13. Birthplace Virginia  14. Malden name Mary Cave  15. Birthplace Virginia  16. Informant Mrs. J. C. Bowen  Address Hagerstown, Maryland  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory Rest Haven Cemetery  Hagerstown, Maryland  Location Maryland				Other conditions		***************
			žų	Major fiediogs of operations		
			owen	Actopsy results		
			reof	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	l causes, fill in the following:	
			yland	Injured at home. farm, industry, public place	e (where?)	(State)
18. Funeral director	C. M. Su Hagersto	wn, l	& Sons Maryland	Maens of Injury	Injured at work?	
19. Feb.	14. 19 48	6	East Beevers	Address Address	M. D.  Date signed	or other

WITH UNFADING INK. Supply every item of information can important. Physicians: please write the causes of death clearly

FOR BINDING

RESERVED

MARGIN

# RECEIVED

FEB 17 1948

RUPEAU V. S

WARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

	arlee St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MRYLAND County ASHINGTON  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 122 A ST.  (If rural, give LOCATION)  2.(a) If veteran, name war.
RHODA BARBARA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  FEMALE WHITE MARRIED	MEDICAL CERTIFICATION  20. DATE OF DEATH 1945 2111:3
6.(b) Name of husband or wide WILLIAM RAMSEY	21. I CER7/FY that death occurred on the date above stated: that I attended deceased from
7. 8 irth date of deceased (mo., day, yr.) February 11, 1915	and that I last saw halive on
8. AGE: Years   Months   Ca/s   If less than one day   32   // 26	
9. Birthplace WEST FAIRVIEW PA.  (Town, county, and state)	Due to Skull
10. Usual occupation HOUSE WIFE	Due to
11. Industry or business  12. Name. CLINTON ECKERT  13. Birthplace WEST FAIRVIEW, PA.	Other conditions
14. Maiden name MANUSELLE WALLACE  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations
15. 8irthplace	Date of op.
Address /2 2 W. astra St. Williamsport	Actopsy results
Bare thereat (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homious and before the suicide of the suicid
Cometery or examples of Carlo Hall	Injured at home, Jarm, Industry, and c place (where?)
18. Funeral director, M. J. Horman	Injured at work?  DEPUTY MEDICAL EX
Address Hagerstown Md.	23. SIGNATUR CAllert Well WASH. CO., MD.
19. (Date tee'd by registrar) (Date tee'd by registrar)	The Town had alak



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: ashing	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of nother)
County P10 ++4 Hagerslown	State Ma contil ashunglou
City or town	City or town Hospital
How long In above place of death?	(If outside city or town libras, write RURAL and give nearest town)
PUH 4 Hazelslown	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ISRAEL L.	REIFF
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
my mule marked	20. DATE OF DEATH. Ter. 10 19/1 at 1.
6.(b) Name of husband or will usamme Feeth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6_(c) If allve, give age /years	6/1 1844, 10 2/10 1848
1. Birth date of deceased (mo., day, yr.) May 28. 1872	Immediate cause of death. All Person School Control DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death Allegare Queston DURATION
75 10 12hrsmin.	A STATE OF THE STA
9. Birthplace Canfor me	Due to
(T wn, equity, and state)	
10. Usual occupation.	Due to
11. Industry or business	merelly sulled
12. Name Sange Seiff	Other conditions Attended American
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Featler  15. Birthplace O Franklin Co-R	Major findings of operations.
Kurama Paile	Date of op.
16. Informant RALL	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fagustawn of FFT	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burhar, cremation, or rounyval, Which?)  (Burhar, cremation, or rounyval, Which?)	Accident, suicide, or homicide
Cemetery or crematory and constant	Where did injury occur?
Location was Hagerstown and	Injured at home, farm, Industry, public place (where?)
18. Funeral director. CE Munich	Means of Injury Injured at work?
Address Freezeastle Pa	and Co. A
February US Chartherwer	23. SIGNATURE M. D. or other
19	Address Julian 1/4. Date signed 2/11/98

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

A15 SA



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CEPTIFICATE OF DEATH

			-		Printer.	
Reg.	Diat.	No.	5	0	2	-

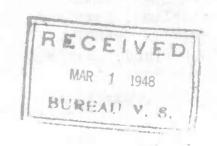
		ATE OF DEATH	Reg. Diet. No	302
How long in above place of death? Hospitat, institution, or street address wher Washington Com	Maryland limits, writer RUFAL and give nearest town) l day	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town Emmittsburg, Maryland  (If outside city or town limits, write RURAL and give nearest town)  Street No. Parish House  (If rural, give LOCATION)		
3. (a) FULL NAME	T. C.	atory in the land manner of the land	3. (b) Social Security )	Number
	Thomas D. Reinhart		NONE	
4. Sex   5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male White	Single		eb. 26 1948	8:30
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date	above stated; that I attended decea	ised from
		215		
7. Birth dafe of Novem	per 9, 1879	and that I last saw halive on		
8. AGE: Years   Months	Days It less than one day	Immediate cause of death		NOITARUO
68 3	12hrs.	in. From level	I flexel	304
9. Birthplace. Cumberland (Town 10. Usual occupation. Priest	Maryland  n, county, and state)  t, St.Anthony's Shr	oue to Coronary he	ert disease	***************************************
11. Industry or business Emmitt	sburg Maryland	and in the second		
Flancis I	Reinhart	Dither conditions	***************************************	
page 1	and, Maryland			
	E. Downey	(Include pregnancy withi		
	and. Maryland	Major findings of operations		
George F	rey	Autopsy results	Date of op	2
		PHYSICIAN: Please underline the cause t	o which death should be charged	statistically.
Removal (Burial, cremation, or removal, Which Cemetery or crematory St. Pet	er & Paul Cemetery		Wash. Md (County)	(State)
	, Maryland Stein , Inc.	Injured at home, farm, industry, public place Means of injury Ran off ro	pa burg injured at work?	MEDICAL SHE CALL
Address Cumberlan	d, Maryland	23. SIGNATURE Robert	wells &	you.
18. Feb. 27. 19 4	8 6 Kast Lower	23. SIGNATURE HOLES	M. D. a	16.27

SY

BINDING

RESERVED FOR

MARGIN



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEPTIFICATE OF DEATH

1300

Reg. Dist. No. 302

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County WASHINGTON  May CRAS VIEW F	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State: MARY MAND. County MASHINGTON
City or fown	City or town (1f outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)  2.(a) If veteran, name war. NON-VET.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME HARVEY EDWARD	RICE 3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CEPTIFICATION 2 20. DATE OF DEATH  MEDICAL CEPTIFICATION 2 19 48 10:30
6.(b) Name o'Nusband or wife MARY DIEHL  RICE 6.(c) If alive, give age 54 years	21. I CERTIFY that death occurred on the date above states, that I attended deceased from
7. Birth date of deceased (mo., day, yr.) DECEMBER 16, 1881  8. AGE: Years Months Days It less than one day	Immediate gause of death
66 2 //hrsmin.	Chromic Rephrites ?
9. Birthplace HATRIN TOWNSHIP FRANKLIN PA. Town, county/and state)  10. News occupation PSST: POSTMOSTER	Due to. All Wood - D Carrottes
11. Industry or business U.S. POST OFFICE	Oue to
12. Name DANIE L RICE 13. Birthplace PENNSYLVANIA	Other conditions  (Include pregnancy within 3 months of death)
14. Malden name HMANDA SHEELEY  15. Birthplace PENNSYLVANIA	Major findings of operations
16. Informant Many D. Rice (wife)	Autopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address / aughnsville, /19.  Burial Date thereof 3/1/48	22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or orematory.  Date thereof (month) (day) (year)	Where did injury occur?
Location Chelse Castile Control of the Funeral director (4) I Harman	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?
Address Hagerstown Md.	23. SIGNATURE
19. Feb 28. 19 48 GHEARTHOWEN  (Dato rec'd by registrar)  Registrar	Address / + agus Lower Hld Date signed 2/28-1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

RECEIVED

MAR 2 1948

BUREAU V. S.

131 W. WASH. ST.

Later to the second

02080

#### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County
3. (a) FULL NAME  MARY JANE	RODGERS 3. (b) Social Security Number NONE
4. Sex 5! Color or race / 6.(a) Single, married, widowed, or divorced  FEMPLE WHITE WIDOWED.	MEDICAL CERTIFICATION  2D. DATE OF DEATH
8.(b) Name of husband or mile LEWIS RODGERS  7. Birlh date of deceased (mo., day, yr.) UNKOUN 1873	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19
8. AGE: Years Months Days If less than one day  74 hrs. min.  9. Birthplace ROCKINGHAM COUNTY VA.  (Town, county, and state)  10. Usual occupation HOUSE WIFE	Due to Table
11. Industry or business  12. Name FINDERSON BEASLEY  13. Birthplace VIRGINIA	Dither conditions  (Include pregnancy within 3 months of death)
14. Maiden name MARY  15. Birthplace VIRGINIA	Major findings of operations.  Date of op.
Address 24 W. Baltimore St.  17. Berrial Date thereof (month) (day) (year)  Cemetery or crematory Comments Comments (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or towaro miles (Contry) (States States)  Injured at home, farm, industry, public place (where?)
18. Funeral director	Masens of Injury fall Injured at work?  23. SIGNATURE.  M. D. op-others

RESERVED MARGIN

BINDING

FOR

information carefull of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

WITH UNEA

PLAINLY, V is especially i

WRITE

PLEASE

RECKI VALO

THE WAY

2411 N. Charles St., Baltimore

02081

#### CERTIFICATE OF DEATH

	Reg. Diac. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County UTASHINA ON	State MARYLAND County WASHINGTON
City or 10wn	LI DO ESTETATION
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 144 FAIRGRAND AVE.
144 FAIRGROUND FIVE.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war NON - VET.
3. (a) FULL NAME	3. (b) Social Security Number
CHRISTIAN HLBERT	KYERSON 214-09-0239
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE DI DESTELLA 29 1948 21 8:10
8, (b) Name of husband-or wife MAY 5. RYERSON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(SEMPLE) 6.(c) It alive, give age 45 years	
7. 8 irth date of 1095.	and that I last saw halive on
8. AGE: Years   Months   Days   it less than one day	Immediate cause of death
52 2 28nrsmin,	acute Commence archivery
MORULAV	Due 16
9. Birthplace (Town, county, and state)	OUE IV.
10. Usual occupation 7004 MAKER	
11. Industry or business FURNITURE FACTORY	Due to
# 12 Name EILERT RYERSON	Diher conditions
12. Name EILERT RYERSON  13. Birthplace NORW9 4	
	(Include pregnancy within 3 months of death)
14. Maiden name PNNT PAULSEN  15. Birthplace NORWAY	Major findings of operations
15. Birthplace NORWAY	Date of op.
16, Informant May S. Ryerson (Wife)	Autopsy results.
11111 . 1 . 10.1.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 144 Junground Carl	22. VIOLENCE: ti death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Whish?)	Accident, suicide, or homicide
Marie Hill	
Cemelery or -seematory	Where did injury occur?
Location Hagenslown Illapi	Injured at home, tarm, industry, public place (where?)
18. Funeral director, Ill. V. florwent	Means of Injury injured at work?
	OLO O L DEPUTY MEDICAL EXAM.
Address Hagesslown, Ma.	23. SIGNATURE STOREST MELLS WASH. CO., MD.
Mar 2/ 148 Chast Bowers	M. D. ordina
(Date rec'd by registrar) Registrar	Address Date signed 3/1/4

MARGIN RESERVED FOR BINDING

Dr. Wells, 115 M. Polomas St.

RECEIVED

MAR 4 1948 BUREAU V. S.

RITE See. SE

02

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6.(c) It alive, give age .....yeare

If leee than one day

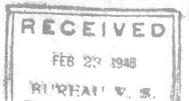
# CERTIFICATE OF DEATH

B 01 3211111	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) O	F DECEASED:
Coleak Ola	· Volles o on
State VV CC	
(if outside city or town limit	s, write (URAL and give nearest town)
Street No.	
(If rarni, give 2.(a) If veteran, name war	(LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
X , J.	Mone
MEDICAL C	ERTIFICATION .
20, DATE OF DEATH February	20, 10 48 16:35 A.
21. I CERTIFY that death occurred on the date to	ove etated: that I attended deceased from
February 19 (do	48 10 Feb 20 1048
and that I lead now half and allies on	el 20 19.48
Immediate cause of death	DURATION
Respirate Park	lure
Math. I solie	plate
Dua to	7
Due to Injection of oil	1 Done to special
Due to.	) el luc 11.6)
	716,48
Dther conditions	
(Include pregnancy within 8	months of death)
Major findings of operations.	
	Date of op.
PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
22. VIOLENCE: tt death wae due to external ca	uses, fill in the tollowing;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (w	
Means of Injury	Injured at work?
20.	00.
5%. 1.0	7. 1. 1.

ADING INK. Supply every item of information carefull. Physicians: please write the causes of death clearly and 3. (a) FULL NAME B.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: 1D. Veual occupation WITH UNF important. 13. Birthplace PLAINLY, V is especially 16. Informant.

14. Malden na 15. Birthplace 14. Malden name Date thereof. 18. Funeral direct (Date rec'd by registrar)

Monthe



			CERTIFICAT	TE OF DEATH	Reg. Diat. No	302
City or town (1)  How long in above plate Hospital, institution, or Washin How long in hospital	shington  coutside city or town lir  co of death?  or street address where to  gton Coun  or Institution?	nits, write RURAL a leath occurred: ty Hospi	tal	City or town Hagers to (if outside city or town 112 S. M. (If rure)	County Washing	earest town)
3. (a) FULL NAM	hrist Sco	-			3. (b) Social Security	y Number
4. Sex Male	5. Color or race White	6.(a)Single, married	, widowed, or divorced	MEDICA 20. DATE OF DEATHFebru	ary 15 10 48	3.a.5:45P.
	d or wife		give ageyears	21. I CERTIFY that death occurred on the Apr/193	date above stated; that I attended dec	ceased from
deceased (mo., day		ry 10,18	80 s than one day	Immediate cause of death		
	heodorina	Greece		chr. bronch Oueto Urethral st chr. myocar	rictures	
10. Usual occupation	Resta			Que to acute vent	ricular fibri	lation
13. Birthplace	Greece	ora v		Other conditions	ithin 3 months of death)	
15. Birthplace		rd	50000	Major fiediers of operations		
16. Informant	ouis Scou Hagersto			PHYSICIAN: Please underline the cans		d statistically.
Cemetery or crema		e Hill C	month) day) (yeer) emetery gton Go. Md	22. VIOLENCE: If death was due to extended to the state of the state o	O Quie of	(State)
18. Funeral director.	Andrew Hagerstow	K. Coffm	_	Means of Injury  1 23 SIGNATURE SCHOOL	injured at work?	Zu D.
19. Feb. L. (Date rec'd by r	6 1948 registrar)	Great	H. Poeer S. Registrar	A/	m. D. M. D. Date signed	2/10/4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

NS

FEB 18 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

Dr	Di	6491	Anna	8	4

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

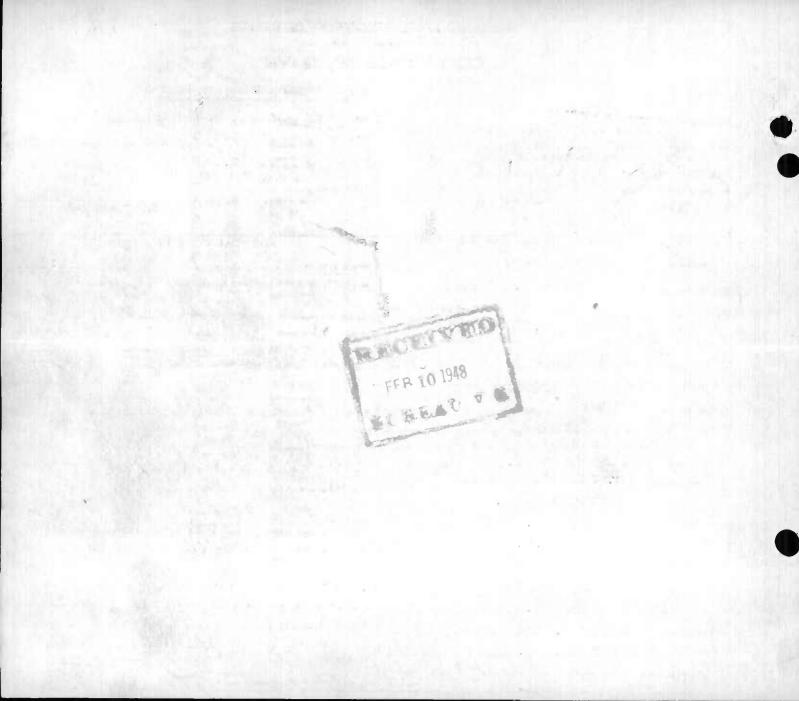
1. PLACE OF DEATH:	2. USUAL PESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
county Washington	
City or lown Maugansville (If outside city or town limits, write RURAL and give nearest	state Maryland county Washington
How long in above place of death? 17 Years	City or town Lall Can S.V.1 1 c (if outside city or town limits, write RURAL and give nearest town)
Hospital institution or street address where death occurred: $N \circ r t \diamond S t$ .	Street No. North St.
NOTED SU.	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
NOAH S. SHANK	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH February 4 19 48 all: 15.
6.(b) Name of husband or wife Grace V. Shank	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10 years 10-1-47 19 10 ct 4 14 1
7. Birth date of deceased (mo., day, yr.) August 8, 1875	and that I last saw barran alive on Tut 4-44
8. AGE: Years   Months   Bays   It less than ons day	Immediate cause of death
00 = 00	min. Ch. M
9. Birthplace Leitersburg Washington C	Co. Md. Due to
10. Usual occupation Farmer	
11. Industry or business Retired	Due to
12. Name Jonas Shank 2 13. Birthpiace Leitersburg Md.	Dther conditions
	(Include pregnancy within 3 months of death)
Mantha E. Swartz  14. Maiden name Mantha E. Swartz  15. Birtholace Gettysburg Pa.	Major findings of operations.
2 15. Birthplace Gettysburg Pa.	Date of op.
16 Informant Miss Clara E. Shank	Autopsy results.
	PHYStCIAN: Please moderline the caose to which death abould be charged statistically.
Address Washington D.C.	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?)  Date thereof 2/7/48 (month) (day)	(year) Accident, suicide, or homicide
Cemetery or crematory Church of the Brethe	
Dans of a moldan w Ma	
	Managed to in the state of the
18. Funeral director Andrew K. Coffnan	msans of trians
Address Hagerstown, Md.	- The Sutt
Feb 7. 48 Bleast Br.	M. D. or other
(Date rec'd by registrar)	Registrar Address Address Date signed 15 45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE

VS-A15



MAKGI	(	Turk In
		HTTI
		DI ATMI V
9.45.15M		тріте
		G

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

02085 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County County	Δ
City or town	State Maragland County Chramington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hageiston md. R.3.	Street No. Jaguston Md. R. 3
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Darah Ellen Shank	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Widowed	20. DATE OF DEATH / Jebruary 1948 21/1:45 A M
8.(b) Name of husband or wife Other Shauk	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
	1 February 1948 10 Post morter
7. Birth date of	and that I lack sow h. e.malive on
deceased (mo., day, yr.) - annuy - 14 - 1863	Immediate cause of death
8. AGE: Years   Months Days   If less than one day	Cardineral failure
85 0 117hrsmin.	
9. Birtholace 3 red. Co. md.	Due 10 Happertensive cardiovanda
9. Birthplace	duisse.
10. Usual occupation	Due to Anteriosclerosio
11. Industry or business own done	
12. Name Desilvin Cline	Other conditions
12. Name Desperaish Cline 13. Birthplace Ded Co. Md,	
# 14. Majden name Barbara marker	(Include pregnancy within 3 months of death)
15. Birthplace Ined Co. md.	Major findings of operations. No specations
Man. Chaples Harb.	Autopsy results. Not done
16, Informant III. Ma. Charles Targe.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagustern Md. K.3	22. VIOLENCE: It death was due to external causes, till in the following:
17 Surial - Date thereof 3 Chry . 4. 1948	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Somalino Mausaline	Where did injury occur?
Location Beronalmo Md-	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Ury 3. Bust 9 Soras	Means of injury Injured at work?
Address Barria loss md.	Relat I Kan Slo MO
Tol 3 19 Man HAMMON	23. SIGNATURE M. D/or other
19. (Date rec'd by registrar) Registrar	Address 132 W. Wash St Date signed 37 lb 48
(Date fee d by registrar)	AUTIESS



A CONTRACTOR ESTA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02086 Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eqr newborn infants give residence of mother)
County	State Maryland County Mashing toll
City or town	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No.
# 8 last Mashington St Haguston Inc	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME hus Hilda B. Sheter	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
tomale White Married	20. DATE OF DEATH TEORNALY 1) 1948 11 11 4 M
6.(b) Name of husband or wife Dan O Shate	21. J CERTIFY that death occurred on the date above stated; that attended deceased from
1 2 3 8.(c) If allve, on age 2.7 years	
1. Birth date of deceased (mo., day, yr.) That 7-1823	and that I last saw h. A. alive on June 19
8. AGE: Years Months Days If less than one day	Julmonary Tuber Culture 2 years
2A 9 4 hrs. min.	Secondary Julisborary
9. Birthplace It Loudin PG. (Town, county, and state)	anto horrivage says
10. Usual occupation House work	
11. Industry or business	Due to
E 12. Name Charles Byers	Other conditions
13. Birthplace Richmond Furnish Ja.	(include pregnancy within 3 months of death)
14. Maiden name Pearl amostrong St Thomas Pa	
14. Maiden name Pearl amstring At Thomas Pa 15. 9irthplace St Thomas Pay	Major findings of operations
16. Informant & ass O Shater	Autonay results
Address It Thomas of Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date thereof Feb. 14-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory African Company of the Compan	Where did injury occur?
Location At Frances Cerrell (14)	tnjured af home, farm, indusfry, public place (where?)
19. Funeral director.	Means of injury Injured at work?
Address Directsbulg to.	23. SIGNATURE NO YOULENT MIN
19. Tele 11 1948 Steast Nowers (Date rec'd by registrar) Registrar	Address Date signed 2/11/48



VS A15

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02087

# CERTIFICATE OF DEATH

Reg. Diat. No. 302\_

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother)
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, instilution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?	State
3.(a) FULL NAME  Nettie Lou Showe	3. (b) Social Security Number None
4. Sex Female   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH Feby. 2, 1948 19 91 4:450.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 19.48, to Jehuay 2 18.48 and that I last saw h. As alive on Stehnwary 2 1848
8. AGE: Years Months Days If less than one day 26	Immediate cause of death Suicarde hs ?  DURATION  Subsequences Olympics yes the ?
8. 8irthplace	Dither conditions Automa:  (Include pregnancy within 3 months of death)  Major findings of operations. Automa.  Date of op.
16. Informant Mrs. Lela Lynch Address Mercersburg, Pa.	Autopsy results. And abort.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Rose Hill Cemetery  Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Fred W. Kraiss  Address Hagestown, Md.  18. Feb. 5, 1948 files of Flowers.  18. Constitution of the control of the contr	Means of Injury  Injured at work?  23. SIGNATURE Culti Cobers Colon  M. D. Marker  Address Clear Dopring. Snd  Bate signed 2/3/48.



# MARYLAND STATE DEPARTMENT OF HEALTH

4			OF DEATH	Reg. Diat. No. 2482
1. PLACE OF DEATH: County	n limits, write RURAL and give nears Years ere death occurred: St.	t town)		Nashington RURAL and give nearest town)
MRS AN	NIE MISSOURI SM		MEDICAL CERTI	EICATION
Female Whit			D. DATE DF DEATH February 8.	
	nton R.  6.6) If alive, give age 6  y 23, 1882	3years	1. I CERTIFY that death occurred on the date above state	10 8 Feb 18 5
8. AGE: Years Months 65 6	Days   It less than one day	min.	mmediaic cause of death  Comon my /teast	DIS-4034 DURATIO
1D. Usual occupation		D	ue to	
	e Hollenberry ur, Md.		(Include pregnancy within 8 months	
	R. Smith town Md.		utopsy results	
Burial (Burial, cremation, or removal, White Cemetery or crematory, Rose		(year) A	2. VIOLENCE: If death was due to external causes, fill coldent, suicide, or homicide	(County) (State)
18. Funeral director	w K. Coffman wn Md.	-	3. SIGNATURE	injured at work?
19. Feb // 19 4	8 Charttiso	verre		M. D. or other  Date signed 2/9/



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

t.. Baltimore

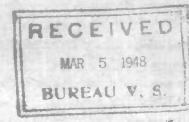
10/00

02083

### CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Of and	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	July Lounity
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street Ko
Van Jaro la barella de la Mulland	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Surtande, May. Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, wildowed, or divorced	MEDICAL CERTIFICATION
Finale White Widowed	20. DATE OF DEATH. 14 5. 05 38 1
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 1818.	Jan 194 5, 10 11 1 2 9 194 8
7. Birth date of deceased mo., day, yr. 65	and that I last saw had alive on Jack 29 1948
8. AGE: Years   Months   Days   If less than one day	Immediato auso of death
79. 11 19	July July
9. Birthplace Near Arystill. Fred les sud	sugfferomp advoled from tola
10. Usual occupation Housekeshing	
	Due bulleron Soferon 10 7
11. Industry or business,	La moule Maphenti
12. Name Jalue Jerrong 13. Birthplade Near Wallschille Tool les and	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Matilda Pline  15. Birthplace Flag Nollsmillo Ford lo and	Major findings of operations.
15. Birthplace Tear Nolsville Fredlo and	Date of op.
16. Informant Belva: French.	Autopsy results.
Address Cametowne and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnel Date thereof 3 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or overestory Cauchave	Where did lojury occur? (City or town) (County) (State)
Location Caustown und	Injured at home, farm, industry, public place (where?)
18. Funeral director LSCO B. Horus	Means of Injury Injured at work?
Address Smithsland mol	e. 11 1 1 1 1
Mag 121- 44 d Start 7	23. SIGNATURE M. D. October
(Date rec'd by registrar)	Address Smiths buch Date stoned /1/44



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

466

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn in the give residence of mother)
City or lown Stark Prolling	State County County
City or town(if outside city or town limits, write RURAL and give learest town)	City or town.
How tong in above place of death?	(if outside city or town limits, write RURAL applicate nearest town)
Hospital, Institution, or Areet address when death occurred:	Street No. Teen Castle
Washingen Co Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
NINA ALIC	E SNIDER NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of white married	20. DATE OF DEATH
Co 1 Cili	21. I CERTIFY that death-occurred on the date above stated; that I allended deceased from
B.(b) Name of husband or wife	1 2012 110 110 2012 110
6.(c) If alive, give age. O. O. years	19 4 10 0 7 20 19 19
7. Birth date of	and that I last saw hele allive on
deceased (mo., day, yr.)  8 A.G.F. Years Months Days If less than one day	Immediate cause of death
5. Add.	Caragina To gave
39 / Thrs,min.	white Lyna
9. Birtholace (Intrum Twh)	Due to.
(Town, county, and state)	
10. Usual occupation Adouse Wafe	B I.
dlano!	Due to
11. Industry or business	
12. Name James J. Wouldge	Other conditions
13. Birtholate / Contamo Co la	101.00 - 10.10
5 Bender	(include pregnancy within 8 months of death)
14. Maiden name Bender	Major findings of operations
15. Birthplace / Cleffinson	with live interfered Date of op 2 9 OEC 4/
16 informer famuel I smider	Autopsy results
H DIDHO	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address freenchale from	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, sulcide, or homicide
(Burial, cention, or removal. Which?) (month) (day) (year)	Additional agreement or resource
Cemetery or crematory	Where did injury occur?
Location near Weekely Aun 19	Injured at home, farm, Industry, public place (where?)
Dam	Means of Injury Injured at Work?
18. Funeral director	
Address treesteastle /6	1 18 the au (1 Duomen
III 11 11 11/1 11/1 11/1 11/1	23. SIGNATURE M. D. or other M.
19. Teo, 12, 1948 " 6 KONTHOWOOD	4 Jones out 1 /2 mon 10 30 8 W.S
(Date rec'd by registrar) Registrar	Address Della Formation Date signed OFER FO

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

contect age

4.0

9-45-15M VS A15

PLEASE



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

Dr. Zimmerman 02091

### CERTIFICATE OF DEATH

Reg. Diet. No. 302

	Alog, Diete Horaman Andrews
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
City or fown (1f outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 23 Years	City or town Hagerstown (if outside city or town limits, write RURAL and give nearest town)
How long in above prace of dearn	
9 Roessner Ave	Street No. 9 Roessner Ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT BRUCE SNYDER	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH February 22 1948 19 at 8.30
6.(b) Name of husband or wife Mahale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Feb. 22 19 48 10 Feb. 22 19 45
7. Birth date of deceased (mo., day, yr.) January 4 1871	and that I last saw h 3 and alive on 3 22 19. 4 8
	Immediate cause of death
0. 160	
77 1 4min.	Commence Dealers 30 mi
s. Birihpiace Hagerstown Wash. Co. Md. (Town, county, and state)	Due to.
10. Usual occupation. Time Keeper	
The Carlot Control of the Control of	Due to Centreus Selecores 2 france
11. Industry or business W. M. R. R.	
John B. Snyder  12. Name John B. Snyder  13. Birthplace Leitersburg Md.	Other conditions
3 13. Birthplace Leitersburg Md.	
14. Maiden name Elizabeth H. Trovinger 15. Birthplace Leitersburg Md.	(Include pregnancy within 3 months of death)
E C C C C C C C C C C C C C C C C C C C	Major fiedings of operations.
	Date of op.
Robert B. Snyder Jr.	Autopsy results.
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following;
Burial (Burial cremation, or removal, Which?)  Bate thereof 2/24/48 (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Rest Haven Cemetery	Where did Injury occur?
Location Hagerstown M.d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	250
Feb 100 100 14 1/13 1000	23 SIGNATURE M. D. other
19. (Date rec'd by registrar) Registrar	Address Welliam from Ma Date signed 2/25/

RECEIVED

FEB 26 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Washington  Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  906 Lanvale St.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3.(a) FULL NAME Shirley Rey Stains	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Fehale   White   Single	MEDICAL CERTIFICATION  28. DATE OF DEATH. February 18, 1948 19		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from  19. 45. to  19. 45. to  19. 45.  Immediate cause of death  19. 45.  10. 10. 19.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10. 19. 45.  10		
9. Dirithplace Hagerstown Wash. Co. Maryland (Town, county, and state)  10. Usual occupation	Due to		
13. Birthplace Greencastle, Penna.  14. Malden pame Doris L. Eckstine  15. Birthplace Hagerstown, Maryland  16. Informant Mr. Harry M. Stains	(Include pregnancy within 3 months of death)  Major fiadiogs of operations		
16. Informant. Mr. Harry M. Stains  Address 906 Lanvale St. Hagerstown, Md.  Burial  (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Rose Hill Cemetery	Autopsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: it death was due to external causes, till in the following;  Recident, suicide, or homicide		
Location Hagerstown, Maryland  18. Funeral director Fred W. Kraiss  Address Hagerstown, Maryland	tnjured at home, farm, industry, public place (where?)		
19. Feb. 21 1949 Chosffilowers (Date rec'd by registrar) Registrar	Address Date signed Date signe		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Phasobreet age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15 M

NS

PLEASE

FEB 24 1948
BUREAU V. S.

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

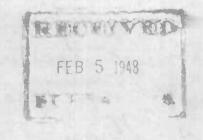
930

02093

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Mahing topo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new top in infants give residence of mother)	1.	
county	State Using County Trank	ley	
(If outside city or town limits, write RURAL and give nearest town)			
ow long In above place of death?	City or town	earest town)	
lospital, Ustitution, of street spares where to the occurrent.	Street No.		
	(If rural, give LOCATION)	V	
tow long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Miss Mary E.	Steiger 3. (b) Social Securit	y Number	
4. Sex 5. Color or race 6.(a) Single, parried, widowed, of divorced	MEDICAL CERTIFICATION	/	
fun. White Pungle	20. DATE OF DEATH. Tale 3 19 4	8 21 10:45	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended de		
	Feb. 1 1940, 10 1 40	3 1948	
7. Birth date of Nac. 19 18	and that I last saw here alive on Feb 3	1948	
deceased (mo., day, yr.)  Recard (mo., day, yr.)	Immediate cause of death	- N	
6, AGE.	URemia	saay.	
77 8 4ml	n.	•••••	
9. Birthplace Mureersburg, la.	Due to Hyperten sive Cardio-		
(Town, compty, and state)	VASICULAR DISEASE	Oullven	
1D. Usual occupation.	Due to		
11. Industry or business	110 ovl on cole	2 1.16	
12. Name Seo C. Stleger  13. Birthplace Terrague	Other conditions URethrocoele	1 WK	
	Gleiude preggincy within 3 months of death)	1 00 %	
14. Maiden name Catherine Reisner	Major findings of operations.		
15. Birthplace / germany			
An Aturella	Autopsy results. A Due		
1B. Informant	PHYSICIAN: Please underline the caose to which death should be charge	ed statistically.	
Address Mircus ving, a.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide		
-there I leve	Where did inhery occur?	(\$4440)	
Cemetery or crematory	(City or town) (County)	(State)	
Location Control of Co	Means of Injury Injured at work?		
18. Funeral director	Mount of thistry		
Address Mercusburg, 1a.	tickerd V. Hou	wer	
FR 3. 118 Offer HAD. 180	23 SIGNATURE	D, or other	
19. (Date ree'd by registrer) Registr	ar Address Lown Me Date signi	2/3/4	



PLEASE 1

VS A15

MARGIN RESERVED FOR BINDING

erect age

2411 N. Charles St., Baltimore

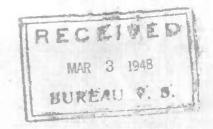
### CERTIFICATE OF DEATH

123

Reg. Dist. No. 1982

		0=11111011	Reg. Dist. No.		
1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How iong in above place of death? 1 Week			State Laryland county Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)		
Hospitai, Institution, o	or street address where	dealh occurred: nty Hospital Veek	www. 455 West Antietam St.		
3. (a) FULL NAM		RIE MAY STONER	3. (b) Social Securit None	y Number	
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  2D. DATÉ DE DEATH FEBRUARY 9, 1948	,a. 4:30A	
		rd B. Stoner 6.(c) If allive, give age 6.2 year	21. I CERTIFY that death occurred on the date above stated; that I attended do	2-9-198	
7. Birth date of deceased (mo., day,		3. 1886	and that I last saw h		
8. AGE: Year		Days If less than one day	Immediate cause of death  Throubosis of Superior Mescuterie  a. aster & Gauchense of bowel		
1D. Usual occupation.	Greencas (Town. House V		a. Due 10. thy prestruction - asterioschen bis Cordio van cular dis Esse.	? Sween	
12. NameU	opton East Upton Pa.	ton	Diher conditions defense true below 12 fe low (Include pregnancy within 3 months of death)	5 day	
14. Maiden name	Rebeccs Richmo	nd FurnacePa. Stoner	(Include pregnancy within 3 months of death)  Majur findings of operations		
		Stoner est Virginia	PHYSICIAN: Please underline the cause to which death should be charge	d statisticslly.	
17 Burial	n, or removal, Which?)	Date thereof. 2/11/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:     Accident, suicide, or homicide		
Cemetery or crematory Rest Haven Cemetery  Location Hagerstown Nd.			tnjured at home, farm, Industry, public place (where?)		
Address	agerstown	K. Coffman	23. SIGNATURE John St Stomba hat	L.D.	
19. Feb.	11, 1048	please theowers,	18 of w. was Lington St. M. I	1. or other 2/9/4/	





### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

02095

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County WASHING TON			
City or town	State PENNA. County FRANKLIN		
(if outside city or town limits, write KUKAL and give nearest town)	City or town WAYNESBORO		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
FAHRNEY MEMORIAL HOME	Street No. 2 PHILADELPHIA AVE		
	(If rural, give LOCATION)		
How long in hospital or Institution? 4 1/RS 8 MOS.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
SUZANNE THOMPSO	NONE		
4. Sex 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE WIDOWED			
70,0000	20. DATE OF DEATH Tebruary 28 10.45 at 21.20 PM		
B.(b) Name of husband or wite	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	January 2 19 48 10 Jeb. 25 18 48		
7. Birth date of	and that I last saw her allvo on Tel 27 1945		
deceased (mo., day, yr.) MARCH 12 1857	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day	Immediate Cause of Seath		
90 11 16hrsmin.	China Myocardetio 1044		
9. Birthplace MT. ALTO PENNA. (Town, county, and state)	Due ja.		
(Town, county, and state)	followscleronie gangent vivils		
10. Usual occupation HOUSE: WIKE	Bus to of love to so		
11, Industry or business	Due 10.		
	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name			
15. Birthplace MT. ALTO PENNA.	Major findings af aperations.		
16. Interment NEUIN THOMPSON	Date of op.		
The state of the s	PHYSICIAN: Please underline the cause to which death about be charged statistically.		
Address 2 PHILA. AVE., WAYNESBORD, PA.			
17. BURIAL Date thereof MARCH 2 1948 (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	22. V10LENCE: It death was due to external causes, fill in the tollowing;		
17. Burla - (Burial, eremation, or removal, Which?)  Date thereof March 2 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. GREEN HILL	Where did injury occur?		
Location WAYNES BORO, PENNA.	Injured at home, farm, industry, public place (where?)		
18. Funeral director R. 2. 6. alma haw	Means of Injury Injured at work?		
Address & geduraille mal	Buttelle ma.		
	23. SIGNATURE M. D. or other		
19. Nov. 28. 19 48 John H. Bast Registrar Registrar			
(Dute rec'd by registrar) Registrar	Address Stomato Wo Date signed Tel. 28, 48		

THE PARTY AND ADDRESS OF THE PARTY OF THE PA

RECEIVED

MAR 3 1948

BUREAU V. S.

2. USUAL RESIDENCE (HOME) OF DECEASED:

# CERTIFICATE OF DEATH

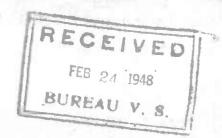
only or town(1	If outside city or town	imits, write l	RURAL and give neares	st tow
How long in above pla	ace of death?	لل المساورة المادة	4 years	********
Washing	ton Count	y Hos	pital	
	or institution?	1 h	our	
3. (a) FULL NA				V V
o. (a) 1000 111		John	C. Trac	e
4. Sex	5. Color or race		le, married, widowed, or di	
Male	White	Ma	rried	
		E S.		
6.(b) Name of husba	and or wife			9
w male data of			(e) il milie! Bise aBe	2
7. Birth date of deceased (mo., da	y, yr.) July	30, 1	887	
	ears   Months	Days		
8. AGE: Ye				
9. Birthplace	6 ear Greeno Telegran	estle county, and h Ope	rator	
9. Birthplace	6 ear Greeno Telegran	estle county, and h Ope	Franklin state) rator	
9. Birthplace	Telegraphess Pa. R. Frank Track Trac	estle county, and h Ope R. e klin	Franklin rator Pa.	
9. Birthplace	Telegraphess Pa. R. Frank Track Trac	estle county, and h Ope R. e klin	Franklin rator Pa.	
9. Birthplace	Telegraphess Pa. R. Frank Track Trac	estle county, and h Ope R. e klin	Franklin rator Pa.	
9. Birthplace	6 ear Greeno Telegran	eastle county, and oh Ope R. ee klin Shrad	Franklin rator  Pa.  Md.	
9. Birthplace	Telegraphess Pa. R. Frank Track Trac	eastle county, and oh Ope R. ee klin Shrad lle	Franklin rator  Pa.  ler  Md.	
9. Birthplace	Telegraphess Pa. R. Frank Track Track Track Myersvi	eastle county, and oh Ope R. ce klin Shrad lle 5. Tra	Franklin rator  Pa.  ler  Md.	
9. Birthplace	Telegraphess Pa. R. Frank Trace New Frank Myersvi Mrs Mary St Hagerstov	eastle county, and oh Ope R. ee klin Shrad lle 5. Tra vn Md.	Franklin state) rator  Pa. ler Md. lce  [reol   Jeb.   22 (month) (day	) (y
9. Birthplace	Telegran  Telegran  Telegran  Telegran  Telegran  Telegran  Telegran  Telegran  Telegran  Myersvi  Myersvi  Myersvi  Myersvi  Myersvi  Hagerstov  Lion, or removal, Which  Green	eastle county, and h Ope R. ce klin Shrad lle S. Tra vn Md.	Franklin state) rator  Pa.  ler  Md.  ce  (month) (day Cemetery	) (y
9. Birthplace	Telegran Tel	eastle county, and ch Ope R. ce klin Shrad lle S. Tra vn Md. Date the h Hill Linsbur	Franklin state) rator  Pa. ler Md. cee  (month) (day Cemetery	}- (ye
9. Birthplace	Telegran Tel	eastle county, and ch Ope R. ce klin Shrad lle S. Tra vn Md. Date the h Hill Linsbur	Franklin state) rator  Pa.  ler  Md.  ce  (month) (day Cemetery	}- (ye

Maryland Washington Hagerstown City or town ..... (if outside city or town limits, write RURAL and give nearest town) Street No..... (If rurat, give LOCATION) 2.(a) If veteran, name war .... 3. (b) Social Security Number 717-07-9340 MEDICAL CERTIFICATION 20, DATE OF DEATH February 9:42p 21. I CERTIFY that death occurred on the date above stated; that I, attended deceased from DURATION (Include pregnancy within 8 months of death) PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? ...... (City or town) (State) (County) Injured at home farm, industry, public place (where?) ..... tnjured at work? Means of Injury M. D. or other

MARGIN RESERVED FOR BINDING

age

10 9.45.15M



, 3143

WRITE

EASE

NS

med	۳
	,
12	
-	-
-	з
3	
4	
0	
	100
ca	
0	1
E	ď
Print.	-
0	ľ
g prof	
40	-
622	-
8	
F	
T.	
0	
سه	
7	8
8	
e	
4	
0	
m	
per l	
0	
4	
0 pmg	
>	١.
-	٠,
0	
5	
2	

ect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1248

02098 Reg. Dist. No. **30 2** 

# CERTIFICATE OF DEATH

City or town	gerstown gerstown outside city or town e of dealh? r street address where ison Ave	Imits, write RURAL and give nearest town)  O years e dealh occurred:		stantist of the control of dealth?  40 years slreet address where death occurred:  Son Avenue			OME) OF DECEASED: residence of mother)  Stown Stown r town limits, write RURAL and give nearest town) On Avenue frural, give LOCATION)	
3. (a) FULL NAM					3. (b) Social Sec	urity Number		
	Jo	seph V	alentine		706-10-6	250		
4. Sex Male	5. Color or race	6.(a)Singi	e, married, widowed, or divorced		ICAL CERTIFICATION	10		
B.(b) Name of husband 7. Birth date of deceased (mo., day,	T 12 7 1	abeth 25. 18	Valentine 72 year	21. I CERTIFY that death occurred or	n the date above stated; that I attended to the state of	ed deceased from 19 4.8		
8. AGE: Year	s Months	Days 10	it less than one day	Immedisic cause of death	Carophe)	4711000		
12. Name	Track ss Western Patsy Va: Italy	man n Mary lentin	land R.R.	Other conditions	we are within 3 months of death)	4 11100-		
14. Maiden name 15. Birthylace	Rosie Ital;	y	alentine	Major findings of operations	Date of op.	• •••••		
Address Ha	gerstown  n. or removal. Which hory Rose I  Hagerston  6. M. Si  Aggerstown	Mary Dale ther Hill C Mn. Ma uter &	land eet 2-7-48 (month) (day) (year) emetery ryland Sons	22. VIOLENCE: the death was due to Accident, suicide, or homicide	ity or town) (County) blic place (where?) Injured at were	(State)		



e correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

97

02091) Reg. Dist. No. 303

	1. PLACE OF DEATH:  County	(For newborn infants give residence of me State	other)  ACERSTOWN  write RURAL and give nearest town)  P. F. D. # 6  OCATION)
-	3 (a) FULL NAME	,	3. (b) Social Security Number
1	ANNA M. U	VEBER	NONE
l	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION
	FEMALE WHITE WIDOWED	20. DATE DE DEATH.	4 4F 1823A1
	6.(b) Name of husband or wife BENNAMAN 5.	21. I CERTIEY that death occurred on the date above	stated; that lattended deceased from
	T. Birth date of	anddhal I last saw alive on	
I	1. Birth date of deceased (mo., day, yr.) NOVEMBER 30, 1872	Immediate cause of death	
	8. AGE: Years   Months   Days   It less than one day	immediate chase of death	
	75 2 4hrsmin.	Tackto	100
	9. Birthplace CLEARSPRING, WASH. MD	Due to	
	(20 mi, county) and other	Several artis	eliza-
	1D. Usual occupation HOUSEWIFE	Due 10	
	11. Industry or business		
I	12. Name M. H. MARTIN  13. Sirthplace LANCASTER COUNTY PA	Other conditions	
	13. Birthplace LANCASTER COUNTY, MA	(Include pregnancy within 3 mc	onths of death)
l	# 14. Maiden name MARY /FEGE	Major findings of operations	
l	15. Birthplace CHAMBERS BURG, PA.	major nadings of operations.	
I	he S. Willan	Antopsy results.	
H	16. Informant Address Haa R.70+6	PHYSICIAN: Please underline the cause to which	ch death should be charged statistically.
l	1111.0	22. VIOLENCE: If death was due to external cause	es, fill in the following:
l	(Burial, cremation, or removal, Which?)  Date thereol. (month) (days) (year)	Accident, suicide, or homicide	Date o1
	Cemetery or susmatory Reiff Cemetery	Where did Injury occur?(City or town)	(County) (State)
l	11/2 1000 Canto M	Injured at home, farm, industry, public place (whe	
I	Location Washington Stelling It	Meene of Injury	tnjured at work?
I	18. Funeral director, A	11-1	0 11
	Address Hagerstown, Md.	23. SIGNATURE NUMBER	SUB/
	19 Feb. 4 1948 Chart Bowell	Houst	M, D, or other
П	(Date rec'd by registrar) Registrar	Address	



TO B

2411 N. Charles St., Baltimore

70	0	4		ě.	1
0	6	I.	U	1	J.

### CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH Washington County Hagers town	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  Maryland  County Washington		
City or town (If outside city or town limits write RURAL and give nearest town)  4 months  How long in above place of dealh?  Hospital institution, or streel address where dealh occurred:  Washington County Hospital  How long in hospital or institution?	City or town.  Boonesboro Rural Rt. 2  (If outside city or town limits, write RURAL and give nearest town)  Street, No		
3. (a) FULL NAME  Terry A. Weigand	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Single	MEDICAL CERTIFICATION  20. DATE DF DEATH February 27 19 48 45:45p		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that lattended deceased from  18. 47. to let 2  and that I last saw h alive on 22  Indicate the same of the same o		
8. AGE: Years Months Days it less than one day 4 10	Immediate ause of death Scort Descons action Congressed descons of		
1D. Usual occupation None  11. Industry or business None  12. Name Donald C. Weigand  12. Name Leitersburg Md.	Duo to		
Frances Ritenour  14. Maiden name Frances Ritenour  15. Birthplace Hagerstown Md.  16. Interment Donald C. Weigand  Address Boonesboro Rt. 2	Major fiedisgs of operations.  Output Suction Conference Date of op.  Aotopsy results Translat Putually - Scant - Provide - Translation of the Physician Conference of the Cause to which death should be charged statistically.		
Burial Feb. 28,1948  17. (Burial, cremation, or removal, Which?)  Rose Hill Cemetery  Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homitide		
1B. Funeral director. Scott F. Minnich & Son  Address Hagerstown Md.  19. Feb. 28. 19. 48 BloothBowsto  (Date rec'd by registrar)  Registrar	Means of Injury Injured at work?  23 SIGNATUR  Address Luby Low M. D. or other  Dato signed 100 f. W.		

RESERVED

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY is especial

京 SA

RECEIVED

MAR 2 1948

BUREAU V. S.

correct age

M

SA

PLAINLY, is especially

WRITE

PLEASE

MARGIN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02101

### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or etreet address where death occurred:  Washington County Hospital  How long in hospital or institution? 1 hour	Sireet No. 129 West Church Street (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Frank Welcham	220-09-9051
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Colored Single	MEDICAL CERTIFICATION  20. DATE OF DEATH 2 Feb 19.45 21 / 0:23 PA
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  Not Known 1883	and that I last saw h. J. 20 alive on 24 F. L. 19 4.5.  Immediate cause of death
8. AGE: Years Months Days It less than one dayhrs.	Cerebral hem ozzhage 6 hm
9. Birthplace	Due to
11. Industry or businese	
12. Hame Not Known	Diher conditions Hyperature Caracter Ca
14. Maiden name Not Known.	(Include pregnancy within 3 months of death)  Major findings of operations  Date of op.
16. Informant Ada Carey Address Hagerstown, Maryland	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot 2-28-48 (month) (day) (year	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, euicide, or homicide
Cemetery or comments. Bellevue	Where did Injury occur? (City or town) (County) (State)
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director William Downey	Meens of injury Injured at work?
Address Hagerstown, Maryland	690 1 8 22 - 10 1 2 2
Jeb. 28 148 BRASHVBows	23. SIGNATURE Elding & Hooellevin M. D. or other  M. D. or other  Addrese & Official Medical Date signed 2/27/48

RECEIVED

MAR 2 1948

BUREAU V. S.

PLAINLY, vis especially

田

PLEASE WRIT

VS A15

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore
CERTIFICATE OF DEATH

Dr. Kniesly

### 1201

Reg. Dist. No. 302

CERTITICAL	Reg. Diat. No.			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State			
How long in above place of death?  Hospital, institution, or street address where death occurred:  Washing ton County Hospital  How long in hospital or institution?  12 Hours	Street No. 930 Pope Ave. (If rurel, give LOCATION)			
Unnamed Twin of Arthur McC Whi	te 3.(b) Social Security Number			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female   Whit e Single	MEDICAL CERTIFICATION  20. DATE DF DEATH February 13 10 48 21 11: 34P			
8,(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from  February 13  19 48  10 February 13  21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from  February 13  18 48			
8. AGE: Years Months Days If less than one day —— —— —— —— —— —— —— —— —— —— —— —— ——	Immediate cause of death Pre-maturity DURATION			
8, Sirinplace	Due to Mother 5 months pregnant			
11. Industry or business McC. White  12. Name Archive McC. White  13. Sirthplace Hagerstown Md.	Bther conditions			
14. Maiden name. Thelma V. Spence  15. 8irthplace Sharpsburg Md.	Majar findings of operations			
16. Informant Archur McC. White  Address Hagerstown Md.	Actors of results			
Burial Date thereof 2/16/48 (month) (day) (year)  Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Location Hagerstown Md.  18. Funeral director Andrew K. Coffman	Injured at home, farm, Industry, public place (where?)			
Address Hagerstown Md.  19. 126.16.18.48   Kasth Bewert.  (Date rec'd by registrar) Registrar	23. SIGNATURE.  M. D. or other  Address. 148 W. Washington Streetpale signed 2-16-48			

RECEIVED

FEB 18, 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Dr. Kniesly

02102 Reg. Diat. No. 302

1. PLACE OF DEATH:  Washington  City or town Ragerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington County Hospital	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State		
How long in hospital or institution? 1 Day	2.(a) If veteran, name war None		
3. (a) FULL NAME L MA NOAE And WIND MOC.	Twin #1 3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH February 14 18 48 et 7:10		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I eftended decessed from		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
1hrsmin.			
9. Birthplace Hagers town, Washington Go. Md.  10. Usual occupation Infant  11. Industry or business  12. Name McC. White  13. Birthplace Hagers town Md.	Due to.  Dither conditions  (Include pregnancy within 3 months of death)		
14. Malden name Thelma V. Spence 15. Birthplace Hagers town Md. 16. Informant McC. White  Address Hagers town Md.	Major findings of operations		
Address Hagerstown Md.  17. Burial Date thereot 2/16/48 (month) (day) (yeer)  Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: It death was due fo external causes, fill in the following:  Accident, suicide, or homicide		
Location Hagerstown Md.	Injured at home. tarm, industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Monna of Injury Injured at work?		
Address Hagerstown Md	1 Millians ly		
19 Feb. 16. 1948 Steast Vlower	M. D. or other		

FEB 18 1948
BUREAU V. S.

# VS A15 9.45.15M PLEASE WRITE PL

### MARYLAND STATE DEPARTMENT OF HEALTH

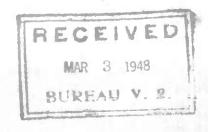
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

021114

Dr. Conrad

1. PLACE OF DEATH:  County Washington  City or town Breathedsville  (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State Laryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:  Maryland State Reformatory for Mal How long in hospital or institution?	(If outside city or town limits, write RURAL and give nearest town)  Street No. No Record  (If rural, give LOCATION)  2.(a) If veteran, name war. No Record
3.(a) FULL NAME Oscar Williams	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Male   Negro   Single	MEDICAL CERTIFICATION  20. DATE DF DEATH February 25, 19. 48, 21 5 4
6.(b) Name of husband or wife 6.(c) If allve, give age years  7. Birth date of theceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  32 3 19	21. I CERTIFY that death occurred on the date above stated; that latended deceased from  19. It is to 19. It is 19.
9. Birthplace Ft. Laudredale, Broward Co.Fl. (Town, county, and state) 10. Usual occupation No Record 11. Industry or business No Record 12. Name Calvin Williams 13. Birthplace No Record 14. Maiden name Louise Williams 15. Birthplace No Record	Due to
16. Informant Records Md. St. Ref. For Lales Address Brethedsville Md.	Autopsy results
Date thereof	Accident, suicide, or homicide



The and Dea MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) 2. USUAL RESIDENCE OF MOTHER: 1. PLACE OF BIRTH: City or town tagues (If outside city or town limits/write RURAL and give nearest town) Street address, hospital, or institution: (If outside city or town limits, write RURAL and give nearest town (If RURAL give LOCATION) 4. Date of birth 2/8 3. Name of child 6 Twin or triplet..... 7. No. of weeks pregnancy... 40 FATHER OF CHILD MOTHER OF CHILD 12. Full maiden name Welle Mae 9. Color white 10. Age at time of this birth . 47 yrs. 13. Color Tukete14. Age at time of this birth 37 yrs. 11. Usual occupation Unemplayed at present 15. Usual occupation Housewey (b) How many other children were born alive but are now dead?..... (c) How many other children were born dead?..... 21. Cause of stillbirth. Please be specific. For terms like 17. Did child die before labor? ... No. During labor? No. prematurity, asphyxia, etc., try to add cause thereof. 18. Pregnancy, complications of Edema s (a) Fetal causes ATClectosis Congenio hypertinain or albuminin 19. Labor: (a) Complications of home (b) Induced? NO 20. (a) Was there an operation for delivery? ... N.a. I certify to the birth of this child who was born dead\* on the date and hour above stated. (Specify if M. D., midwife, or other) (c) Did child die before operation? During operation? Address ... ... (b) Date thereof (Burial, cremation or removal) (Date rec'd by registrar) (c) Cemetery or crematory (To be filled out if no physician was present at delivery.)

The above certificate has been examined by me.

......Health Officer, per.....

24. (a) Funeral director Tuel W

\* See Instruction C on stab

(b) Address Hayus am, May

00



9-45-15M

VS A15

Dr. Honnest

# MARYLAND STATE DEPARTMENT OF HEALTH

	6		2411 N. Charles S		
VIDENCE	FURCHANGE	0 F # 60	CERTIFICATE	OF	DEATH
FILM T	6110 - 3.	14-49	CERTIFICATE	OI	DEATH

123116 Reg. Diat. No. 328

1. PLACE OF DEATH:.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
county Cashington Cural	State Maryland county Washington		
City or town	City or town. (If outside eity or fown limits, write RURAL and give nearest town)		
How long in above place of death?	Streel No. C. QUISTONN Md. R. 2		
Hageistons md. R.Z	(If rural, give LOCATION)		
How long in hospital or institution? at 1000ce	2.(a) It veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
has a Walkel	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Whate married	20. DATE DE DEATH Delirus 23 19148 21/1,30 P. 1		
20 . 0 . 24 . 0	21 I CERTIFY that death occurred on the date above stated: that attended deceased from		
	December 11 1947 10 Jebruary 23 10 48		
7. Birth date of	and that I last saw h m alive on A string 23, 0 1948		
8. AGE: Years Months Days It less than one day	Immediate cause i death SUNDIE WINL		
49 7 24hrsmin.	disince - 3 years		
Harris m.d.	Due to		
(Town, county, and state)	90 14		
10. Usual occupation Burual Lault Nyg.	Due to		
11, Industry or business	1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
12. Name dans 18 Worthul 13. Birthplace Hagerstony Md.	Other conditions		
2 13. Birthplace Dagerston ma.	(Jaciude pregnancy within 3 months of death)		
E 14. Maiden name Lula Shossuckli	Major findings of operations		
14. Maiden name. Lula Scotinicali.  15. Birthplace Musleville Md.	Date of op.		
18. Informant Mb. Ndonii S. Walkel	Antopsy results		
Address Hageestone md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0.10	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident suicide or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Address of the second of the s		
Cemetery or crematory. Co. 22 Dill Clinaling	Where did Injury occur? (City out wh) (County) (State)		
Location Saguelon Mai	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Dast + Sous	Msans of Injury Injured 2t work?		
Address Provisiono Md-	(W) marent Mut		
91 2 21 2 1/1	23. SIGNATURE M. D. grother		
(Date rec'd by registrar)	Address Date signed 0. 23, 119		

RECEIVED

4.2022

MAR 3 1948

BUREAU V. S.

age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

Dr. Hirshman 02107

### CERTIFICATE OF DEATH

Reg. Dist. No. 302

How long in above place of Hospital, institution, or s Washin	Maton  erstown  side city or town by  death? 10 I  treet address where  gton Cou	mits, write Hours death occurred	URAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town		
3. (a) FULL NAME			3. (b) Social Security	Number		
	WALTER V				214-09-71	.56
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH Feby 9 19	RTIFICATION 948	3.30
6.(b) Name of husband or  7. Birth date of deceased (mo., day, yr.		ry Ge:	1st c) If alive, give age 35 years 1910	21. I CERTARY that death occurred on the date about the control of		
8. AGE: Years	Months	Days	If less than one day	Corner occus	4	12 400
37	9	13	hrsmin.	Onyocordeal inforces	run - Postación	12hr.
10. Usual occupation  11. Industry or business  12. Name	Clerk Victor Martin I Keedys Jane Ha	Production Wyself Production W	e Md. tick Pa.	Due to	nontha of death)	
17. Burial (Burial, cremation, Cemetery or crematory Location	Rose Hagers	Hill town town	Cemetery  Md.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)  Injured at work?	(State)



PLAINL is especia

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Washington State Maryland Washington Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or orget address where death occurred: Street No. 408 w washington & (If rural, give LOCATION) 2.(a) If veteran, name war. How long in hospital or Institution?. 3. (a) FULL NAME 3. (b) Social Security Number 214-09-0615 Albert Yingling 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION eb/11/48 Single White Male 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8.(b) Name of husband or wife. 6.(c) If alive, give age ......vears September 18, 1880 deceased (mo., day, yr.) It less than one day 24 coronary occlusion 9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Janitor Leiter Brothers 11. Industry or business 12. Name Allen Yingling 13. Birthplace Hagerstown, Maryland (Include pregnancy within 3 months of death) 14 Maiden name Clara J. Fechtig 2 15. Birthplace Hagerstown, Maryland Mrs. Elizabeth Bembry PHYSICIAN: Please underline the cause to which death should be charged statistically. New York City 22. VIOLENCE: If death was due fo external causes, fill in the following: Feb 13 1948 17 Burial (Burial, cremation, or removal. Which?) Date thereof..... Accident, suicide, or homicide... (month) (day) (year) Where did Injury occur? .....(City or town) Cemetery or crematory Rose Hill Cemetery (County) (State) Hagerstown Maryland Injured at home farm, Industry, public place (where?) ..... 18. Funeral director. C. M. Suter & Sons inlured at work? Means of Injury Hagerstown, Maryland

